


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90201 015 ****61.25

DOCUMENT # N07759					
1. Entity Name SANDY OAKS ASSOCIATION, INC.					
Principal Place of Business 745 SANDY OAKS CT. PONTE VEDRA BEACH, FL 32082 US			Mailing Address P O BOX 2083 PONTE VEDRA BEACH, FL 32004 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TUELL, CARL 745 SANDY OAKS CT PONTE VEDRA BCH, FL 32082				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUELL, CARL		NAME	LES HYBER	
STREET ADDRESS	745 SANDY OAKS CT		STREET ADDRESS	763 SANDY OAKS CT	
CITY-ST-ZIP	PONTE VEDRA BCH, FL		CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANHNING-JUREY, MARTHA		NAME	ANGELA MORTON	
STREET ADDRESS	506 CALI DR		STREET ADDRESS	501 ROBLES LN	
CITY-ST-ZIP	PONTE VERDA BEACH, FL 32082		CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANSON, MARILYN		NAME		
STREET ADDRESS	521 ROBLES LN.		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALLAM, DANIEL		NAME		
STREET ADDRESS	751 SANDY OAKS CT.		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Carl Tuell</i> CARL TUELL		Date: 4/17/06		Daytime Phone #: 904-285-2685	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

90000000



04182006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2524137 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #