


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90191 048 ****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 - No P.O. Box #		3. Mailing Address P O Box 351317	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State JACKSONVILLE FL	
Zip	Country	Zip FL 32235	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 Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUELL, CARL	NAME	
STREET ADDRESS	745 SANDY OAKS CT	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH, FL	CITY-ST-ZIP	
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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALLAM, DANIEL	NAME	D STAPLETON, MARK
STREET ADDRESS	751 SANDY OAKS CT.	STREET ADDRESS	698 SANDY OAKS CT
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBER, LES	NAME	
STREET ADDRESS	763 SANDY OAKS CT	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, ANGELA	NAME	
STREET ADDRESS	501 ROBLES LN	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D HERMANO, WALT
STREET ADDRESS		STREET ADDRESS	510 ROBLES LANE
CITY-ST-ZIP		CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
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: <u>Carl Tuell</u>		Date: <u>4/24/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>904 477 0148</u>	