


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # N07759 1. Entity Name SANDY OAKS ASSOCIATION, INC.	
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Principal Place of Business 745 SANDY OAKS CT. PONTE VEDRA BEACH, FL 32082 US	Mailing Address P O BOX 351317 JACKSONVILLE, FL 32235 US
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DO NOT WRITE IN THIS SPACE

01112008 No Chg-NP		CR2E037 (4/06)
4. FEI Number 59-2524137	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TUELL, CARL
 745 SANDY OAKS CT
 PONTE VEDRA BCH, FL 32082

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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 reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TUELL, CARL 745 SANDY OAKS CT PONTE VEDRA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANSON, MARILYN 521 ROBLES LN. PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAPLETON, MARK 698 SANDY OAKS CT PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBER, LES 763 SANDY OAKS CT PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORTON, ANGELA 501 ROBLES LN PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMANN, WALT 540 ROBLES LANE PONTE VEDRA BEACH, FL 32082

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 04/25/08-80073-003 61.25

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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: Carl Tuell 4/11/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #