

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 19, 2009  
Secretary of State

DOCUMENT# N07759

Entity Name: SANDY OAKS ASSOCIATION, INC.

**Current Principal Place of Business:**

745 SANDY OAKS CT.  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

521 ROBLES LANE  
PONTE VEDRA BEACH, FL 32082 US

**Current Mailing Address:**

P O BOX 351317  
JACKSONVILLE, FL 32235 US

**New Mailing Address:**

FEI Number: 59-2524137      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

TUELL, CARL  
11250 REED ISLAND CT  
JACKSONVILLE, FL 32225 US

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.

SIGNATURE: CARL TUELL

01/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: TUELL, CARL,  
Address: 745 SANDY OAKS CT  
City-St-Zip: PONTE VEDRA BCH, FL

Title: PD ( ) Delete  
Name: EVANSON, MARILYN  
Address: 521 ROBLES LN.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: STAPLETON, MARK  
Address: 698 SANDY OAKS CT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Delete  
Name: HUBER, LES  
Address: 763 SANDY OAKS CT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD ( ) Delete  
Name: MORTON, ANGELA  
Address: 501 ROBLES LN  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: HERMANN, WALT  
Address: 540 ROBLES LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: TUELL, CARL,  
Address: P O BOX 351317  
City-St-Zip: JACKSONVILLE, FL 32235

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL TUELL

TREA

01/19/2009

Electronic Signature of Signing Officer or Director

Date