

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07759

FILED  
Mar 14, 2010  
Secretary of State

**Entity Name:** SANDY OAKS ASSOCIATION, INC.

**Current Principal Place of Business:**

521 ROBLES LANE  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**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  
11250 REED ISLAND CT  
JACKSONVILLE, FL 32225 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: TUELL, CARL  
Address: P O BOX 351317  
City-St-Zip: JACKSONVILLE, FL 32235

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CARL TUELL

TREA

03/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date