

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 PM 12:15

DOCUMENT # N32427 (9)

1. Corporation Name

**THE SAND CRANE VILLAGE PROPERTY OWNERS ASSOCIATI
ON INCORPORATED**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/22/1989** 3a. Date of Last Report **05/01/1994**
4. FBI Number **65-0313835** Applied For ☐
Not Applicable ☐

Principal Place of Business Mailing Address
C/O RICHARD T. DURAND C/O RICHARD DURAND
P.O. BOX 9315 P O BOX 9315
PORT ST LUCIE FL 34985 PORT ST LUCIE FL 34985
US US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEGENNARO, PEG
1591 SE COLLETTE CIRCLE
PORT ST LUCIE FL 34952

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	DURAND, RICHARD T.	1.2 NAME	
STREET ADDRESS	1596 SE COLLETTE CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	HALVERSON, JANIECE	2.2 NAME	
STREET ADDRESS	1538 SE COLLETTE CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SAVARD, ROBERT	3.2 NAME	
STREET ADDRESS	2241 RAINIER RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	O'LEARY, AUDREY	4.2 NAME	
STREET ADDRESS	1431 ESCAMBIA CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	4.4 CITY-ST-ZIP	
TITLE	T/S	5.1 TITLE	☐ Change ☐ Addition
NAME	DEGENNARO, PEG	5.2 NAME	
STREET ADDRESS	1591 SE COLLETTE CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	SAVARD, ESTHER	6.2 NAME	
STREET ADDRESS	2241 SE RANIER RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Peg DeGennaro

January 14, 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature 1/14/95