

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N32427 (9)

1. Corporation Name

THE SAND CRANE VILLAGE PROPERTY OWNERS ASSOCIATION INCORPORATED



Principal Place of Business

Mailing Address

C/O RICHARD T. DURAND
P.O. BOX 9315
PORT ST LUCIE FL 34985
US

C/O RICHARD DURAND
P O BOX 9315
PORT ST LUCIE FL 34985
US

3. Date Incorporated or Qualified
05/22/1989

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

21 C/O CESAR BOHORQUEZ

2a. Mailing Address

26 C/O CESAR BOHORQUEZ

4. FEI Number
65-0313835

Applied For
Not Applicable

Suite, Apt. #, etc.

22 1596 SE BALCONET CT

Suite, Apt. #, etc.

27 1596 SE BALCONET CT

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 PORT ST LUCIE FLA

City & State

28 PORT ST LUCIE FLA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 34952

Country

25 ST LUCIE

Zip

29 34952

Country

30 ST LUCIE

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
BROWN ESTELLE

82 Street Address (P.O. Box Number is Not Acceptable)
1565 S. BALCONET CT

83

84 City
PORT ST LUCIE

FL

85 Zip Code
34952

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 617.0502, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-1-96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P DURAND, RICHARD T.
1596 SE COLLETTE CIR
PORT ST LUCIE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D SAVARD, ROBERT
2241 RAINIER RD.
PORT ST LUCIE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D O'LEARY, AUDREY
1431 ESCAMBIA CT
PORT ST LUCIE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T DEGENNARO, PEG
1591 SE COLLETTE CIR
PORT ST LUCIE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V SAVARD, ESTHER
2241 SE RANIER RD
PORT ST LUCIE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P 1.2 NAME CESAR BOHORQUEZ 1.3 STREET ADDRESS 1596 SE BALCONET CT 1.4 CITY-ST-ZIP PORT ST LUCIE FLA 34952

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE T 4.2 NAME BROWN ESTELLE 4.3 STREET ADDRESS 1565 S. BALCONET CT 4.4 CITY-ST-ZIP PORT ST LUCIE FLA 34952

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP

14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP

15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-ST-ZIP

16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-ST-ZIP

17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY-ST-ZIP

18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY-ST-ZIP

19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY-ST-ZIP

20.1 TITLE 20.2 NAME 20.3 STREET ADDRESS 20.4 CITY-ST-ZIP

21.1 TITLE 21.2 NAME 21.3 STREET ADDRESS 21.4 CITY-ST-ZIP

22.1 TITLE 22.2 NAME 22.3 STREET ADDRESS 22.4 CITY-ST-ZIP

23.1 TITLE 23.2 NAME 23.3 STREET ADDRESS 23.4 CITY-ST-ZIP

24.1 TITLE 24.2 NAME 24.3 STREET ADDRESS 24.4 CITY-ST-ZIP

25.1 TITLE 25.2 NAME 25.3 STREET ADDRESS 25.4 CITY-ST-ZIP

26.1 TITLE 26.2 NAME 26.3 STREET ADDRESS 26.4 CITY-ST-ZIP

27.1 TITLE 27.2 NAME 27.3 STREET ADDRESS 27.4 CITY-ST-ZIP

28.1 TITLE 28.2 NAME 28.3 STREET ADDRESS 28.4 CITY-ST-ZIP

29.1 TITLE 29.2 NAME 29.3 STREET ADDRESS 29.4 CITY-ST-ZIP

30.1 TITLE 30.2 NAME 30.3 STREET ADDRESS 30.4 CITY-ST-ZIP

31.1 TITLE 31.2 NAME 31.3 STREET ADDRESS 31.4 CITY-ST-ZIP

32.1 TITLE 32.2 NAME 32.3 STREET ADDRESS 32.4 CITY-ST-ZIP

33.1 TITLE 33.2 NAME 33.3 STREET ADDRESS 33.4 CITY-ST-ZIP

34.1 TITLE 34.2 NAME 34.3 STREET ADDRESS 34.4 CITY-ST-ZIP

35.1 TITLE 35.2 NAME 35.3 STREET ADDRESS 35.4 CITY-ST-ZIP

36.1 TITLE 36.2 NAME 36.3 STREET ADDRESS 36.4 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: ESTHER SAVARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

Date

407 335-9612

Daytime Phone

CR2E037 (12/95)