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 ASSOCIATI ON 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
4. FEI Number: 65-0313835 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 c/o CESAR Bohorquez	26 c/o CESAR Bohorquez
Suite, Apt. #, etc. 22 1596 SE BALCourt CT	Suite, Apt. #, etc. 27 1596 SE BALCOURT CT
City & State 23 PORT ST Lucie FLA	City & State 28 PORT ST Lucie FLA
Zip / Country 24 34952 / 25 ST Lucie	Zip / Country 29 34952 / 30 ST Lucie

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: BROWN ESTELLE
82 Street Address (P.O. Box Number is Not Acceptable): 1565 S. BALCOURT CT
83
84 City: PORT ST Lucie FL 85 Zip Code: 34952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0504, Florida Statutes.

SIGNATURE: [signature] DATE: 6-1-96.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DURAND, RICHARD T. 1596 SE COLLETTE CIR PORT ST.LUCIE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P CESAR Bohorquez 1596 SE BALCOURT CT PORT ST Lucie FLA 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAVARD, ROBERT 2241 RAINIER RD. PORT ST.LUCIE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'LEARY, AUDREY 1431 ESCAMBIA CT PORT ST.LUCIE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DEGENNARO, PEG 1591 SE COLLETTE CIR PORT ST.LUCIE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T BROWN ESTELLE. 1565 S. BALCOURT CT PORT ST Lucie FLA 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SAVARD, ESTHER 2241 SE RANIER RD PORT ST LUCIE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	300001863283 -06/17/96--01023--003 ***61.25 6/15/96 pm	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	S LILIA Bohorquez 1596 SE BALCOURT CT PORT ST Lucie FLA 34952	☐ Change ☒ Addition

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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)(i), 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: Estelle Brown Treasurer 3/26/96 407 335-9612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #