

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 12 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 CESAR BOHORQUEZ  
1596 SE BALCOURT CT.  
PORT ST LUCIE FL 34952  
US

C/O CESAR BOHORQUEZ  
1596 SE BALCOURT CT.  
PORT ST LUCIE FL 34952  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/22/1989

3a. Date of Last Report  
06/15/1996

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, ESTELLE  
1565 S. BALCOURT CT.  
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 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 617.0503, 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 ☐ DELETE  
NAME P  
STREET ADDRESS BORHORQUEZ, CESAR  
CITY-ST-ZIP 1596 SE BALCOURT CT.  
PORT ST.LUCIE FL 34952

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS SAVARD, ROBERT  
CITY-ST-ZIP 2241 RAINIER RD.  
PORT ST.LUCIE FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS O'LEARY, AUDREY  
CITY-ST-ZIP 1431 ESCAMBIA CT  
PORT ST.LUCIE FL

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS BROWN, ESTELLE  
CITY-ST-ZIP 1565 BALCOURT CT.  
PORT ST.LUCIE FL 34952

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS SAVARD, ESTHER  
CITY-ST-ZIP 2241 SE RANIER RD  
PORT ST LUCIE FL

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS BOHORQUEZ, LILIA  
CITY-ST-ZIP 1596 SE BALCOURT CT.  
PORT ST. LUCIE FL 34952

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

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

14. I do hereby certify that the information supplied with this filing 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 REQUIRED

CR2E037 (4/97)