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FILED

May 29 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 # N94000002378 (7)

1. Corporation Name

SANDSTONE RANCH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1304 COVINGTON DRIVE  
TALLAHASSEE FL 32312

1304 COVINGTON DRIVE  
TALLAHASSEE FL 32312-2505

3. Date Incorporated or Qualified  
05/11/1994

3a. Date of Last Report  
07/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3216574

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, LEX C  
1304 COVINGTON DRIVE  
TALLAHASSEE FL 32312

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 PD  
NAME SCHORNING, MICHAEL  
STREET ADDRESS 7301 SILVER SADDLE CT.  
CITY - ST - ZIP TALLAHASSEE FL 32310

DELETE

1.1 TITLE D/P  
1.2 NAME STEPHANIE L. WOLFE  
1.3 STREET ADDRESS 1600 SILVER SADDLE DR  
1.4 CITY - ST - ZIP TALLAHASSEE, FL 32310

Change Addition

TITLE DT  
NAME WOLFE, STEPHANIE L  
STREET ADDRESS 1600 SILVER SADDLE CT.  
CITY - ST - ZIP TALLAHASSEE FL 32310

DELETE

2.1 TITLE D/T  
2.2 NAME APRIL C. HUGHES  
2.3 STREET ADDRESS 1428 SILVER SADDLE DR  
2.4 CITY - ST - ZIP TALLAHASSEE, FL 32310

Change Addition

TITLE DS  
NAME TUCKER, LETITIA  
STREET ADDRESS 7216 WAGON TRAIL  
CITY - ST - ZIP TALLAHASSEE FL

DELETE

3.1 TITLE D  
3.2 NAME ANTHONY GASTON  
3.3 STREET ADDRESS 1412 SILVER SADDLE DR  
3.4 CITY - ST - ZIP TALLAHASSEE, FL 32310

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

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

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

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

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

Change Addition

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:

APRIL C. HUGHES

APRIL C. HUGHES

(904) 422-1763

CP2E037 (9/96)