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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002378 (7)**

1. Corporation Name

SANDSTONE RANCH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1304 COVINGTON DRIVE TALLAHASSEE FL 32312	Mailing Address 1304 COVINGTON DRIVE TALLAHASSEE FL 32312
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3. Date Incorporated or Qualified

05/11/1994

4. FEI Number

59-3216574

Applied For
Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 <i>P.O. Box 2192</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 <i>TALLAHASSEE, FL.</i>
Zip 24	Country 25
29 <i>32312-2192</i>	30 <i>LEON</i>

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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 LETITIA TUCKER
82 Street Address (P.O. Box Number is Not Acceptable) 7204 WAGON TRAIL RD.
83
84 City TALLAHASSEE FL
85 Zip Code 32310

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 *Letitia Tucker President*

3/30/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WOLFE, STEPHANIE L 1600 SILVER SADDLE DR TALLAHASSEE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HUGHES, APRIL C 1428 SILVER SADDLE DR TALLAHASSEE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS TUCKER, LETITIA 7216 WAGON TRAIL TALLAHASSEE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GASTON, ANTHONY 1412 SILVER SADDLE DR TALLAHASSEE 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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DP TUCKER, LETITIA 7204 WAGON TRAIL RD. TALLAHASSEE, FL. 32310
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	DS ROBINSON, GAIL 7216 STABLE RUN DR. TALLAHASSEE, FL. 32310
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DVP CODY, HAZEL 7267 WAGON TRAIL LANE TALLAHASSEE, FL. 32310
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	

14. I 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: *Letitia Tucker*

3/30/98

488-4545

CP2E037 (10/97)