

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90124 044 \*\*\*\*61.25

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**DOCUMENT # N94000002378**

1. Corporation Name

**SANDSTONE RANCH HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**1304 COVINGTON DRIVE  
TALLAHASSEE FL 32312**

Mailing Address

**P. O. BOX 2192  
TALLAHASSEE FL 32316-2192  
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

**05/11/1994**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TUCKER, LETITIA  
7204 WAGON TRAIL RD  
TALLAHASSEE FL 32310**

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

*Letitia Tucker, Sandstone Ranch Homeowner President*

**1-5-99**

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 **DP** ☒ DELETE

NAME **WOLFE, STEPHANIE L**  
STREET ADDRESS **1800 SILVER SADDLE DR**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DT** ☒ DELETE

NAME **HUGHES, ARPIL C**  
STREET ADDRESS **1428 SILVER SADDLE DR**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DP** ☒ DELETE

NAME **TUCKER, LETITIA**  
STREET ADDRESS **7204 WAGON TRAIL RD**  
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **D** ☐ DELETE

NAME **GASTON, ANTHONY**  
STREET ADDRESS **1412 SILVER SADDLE DR**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DS** ☐ DELETE

NAME **ROBINSON, GAIL**  
STREET ADDRESS **7216 STABLE RUN DR.**  
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **DVP** ☒ DELETE

NAME **CODY, HAZEL**  
STREET ADDRESS **7267 WAGON TRAIL LANE**  
CITY-ST-ZIP **TALLAHASSEE FL 32310**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

**DP**

**TUCKER, LETITIA**

**7204 WAGON TRAIL RD**

**TALLAHASSEE, FL. 32310**

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:

*Letitia Tucker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-5-99**  
Date

**488-4545**  
Daytime Phone #

CR2E037 (11/98)