

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB - 1 PM 12:15

DOCUMENT # **N32427** (9)

1. Corporation Name  
**THE SAND CRANE VILLAGE PROPERTY OWNERS ASSOCIATI  
ON INCORPORATED**

DO NOT WRITE IN THIS SPACE

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	
2. Principal Place of Business	2a. Mailing Address		
21	28		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
05/22/1989	05/01/1994
4. FEI Number	Applied For
65-0313835	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEGENNARO, PEG 1591 SE COLLETTE CIRCLE 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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURAND, RICHARD T.	1.2 NAME	
STREET ADDRESS	1596 SE COLLETTE CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALVERSON, JANIECE	2.2 NAME	
STREET ADDRESS	1638 SE COLLETTE CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVARD, ROBERT	3.2 NAME	
STREET ADDRESS	2241 RAINIER RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'LEARY, AUDREY	4.2 NAME	
STREET ADDRESS	1431 ESCAMBIA CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	4.4 CITY-ST-ZIP	
TITLE	T/S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGENNARO, PEG	5.2 NAME	
STREET ADDRESS	1591 SE COLLETTE CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVARD, ESTHER	6.2 NAME	
STREET ADDRESS	2241 SE RAINIER RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	6.4 CITY-ST-ZIP	

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)(k), 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: Peg DeGennaro Peg DeGennaro January 14, 1995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #