

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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 ASSOCIATION INCORPORATED



Principal Place of Business
C/O RICHARD T. DURAND
P.O. BOX 9315
PORT ST LUCIE FL 34985
US

Mailing Address
C/O RICHARD DURAND
P O BOX 9315
PORT ST LUCIE FL 34985
US

3. Date Incorporated or Qualified: **05/22/1989**
3a. Date of Last Report: **02/01/1995**
4. FEI Number: **65-0313835**
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

2. Principal Place of Business
21. C/O CESAR BOHORQUEZ
Suite, Apt. #, etc.
22. 1596 SE BALCONET CT
City & State
23. PORT ST LUCIE FLA
Zip
24. 34952
Country
25. ST LUCIE
2a. Mailing Address
26. C/O CESAR BOHORQUEZ
Suite, Apt. #, etc.
27. 1596 SE BALCONET CT
City & State
28. PORT ST LUCIE FLA
Zip
29. 34952
Country
30. ST LUCIE

9. Name and Address of Current Registered Agent
**DEGENNARO, PEG
1591 SE COLLETTE CIRCLE
PORT ST LUCIE FL 34952**

10. Name and Address of New Registered Agent
81. Name: **BROWN ESTELLE**
82. Street Address (P.O. Box Number is Not Acceptable): **1565 S. BALCONET CT**
83.
84. City: **PORT ST LUCIE** FL 85. Zip Code: **34952**

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 617.0502, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when restating) DATE: **6-1-96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DURAND, RICHARD T.	
STREET ADDRESS	1596 SE COLLETTE CIR	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAVARD, ROBERT	
STREET ADDRESS	2241 RAINIER RD.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'LEARY, AUDREY	
STREET ADDRESS	1431 ESCAMBIA CT	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DEGENNARO, PEG	
STREET ADDRESS	1591 SE COLLETTE CIR	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SAVARD, ESTHER	
STREET ADDRESS	2241 SE RANIER RD	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CESAR BOHORQUEZ	
1.3 STREET ADDRESS	1596 SE BALCONET CT	
1.4 CITY-ST-ZIP	PORT ST LUCIE FLA 34952	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BROWN ESTELLE	
4.3 STREET ADDRESS	1565 S. BALCONET CT	
4.4 CITY-ST-ZIP	PORT ST LUCIE FLA 34952	
5.1 TITLE	300001863283	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-06/17/96--01023--003	
5.3 STREET ADDRESS	***61.25	
5.4 CITY-ST-ZIP		
6.1 TITLE	S LILIA BOHORQUEZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	1596 SE BALCONET CT	
6.3 STREET ADDRESS	PORT ST LUCIE FLA 34952	
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: *[Signature]* DATE: **3/26/96** DAYTIME PHONE: **407 335-9612**

CR2E037 (12/95)