


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 12 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32427 (9)

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

Principal Place of Business C/O CESAR BOHORQUEZ 1596 SE BALCOURT CT. PORT ST LUCIE FL 34952 US	Mailing Address C/O CESAR BOHORQUEZ 1596 SE BALCOURT CT. PORT ST LUCIE FL 34952 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 05/22/1989	3a. Date of Last Report 06/15/1996
4. FEI Number 65-0313835	Applied For <input type="checkbox"/> 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BROWN, ESTELLE
 1565 S. BALCOURT CT.
 PORT ST LUCIE FL 34952**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BORHORQUEZ, CESAR	
STREET ADDRESS	1596 SE BALCOURT CT.	
CITY-ST-ZIP	PORT ST.LUCIE FL 34952	
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	BROWN, ESTELLE	
STREET ADDRESS	1565 BALCOURT CT.	
CITY-ST-ZIP	PORT ST.LUCIE FL 34952	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SAVARD, ESTHER	
STREET ADDRESS	2241 SE RANIER RD	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOHORQUEZ, LILIA	
STREET ADDRESS	1596 SE BALCOURT CT.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

Estelle Brown
 SIGNATURE REQUIRED

CR2E037 (4/97)