

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90045 049 ****61.25

DOCUMENT # N32427

1. Entity Name

THE SAND CRANE VILLAGE PROPERTY OWNERS ASSOCIATI

Principal Place of Business

Mailing Address

C/O PEG DEGENNARO
 P.O. BOX 7333
 PORT ST LUCIE FL 34985
 US

C/O PEG DEGENNARO
 P.O. BOX 7333
 PORT ST LUCIE FL 34985-7333
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0313835

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEGENNARO, PEG
1591 SE COLLETTE CIRCLE
PORT ST LUCIE FL 34952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DEGENNARO, PEG	1591 SE COLLETTE CIR	PORT ST LUCIE FL 34952	<input type="checkbox"/>
D	DAVARD, ROBERT	2241 RAINIER RD.	PORT ST. LUCIE FL	<input type="checkbox"/>
D	O'LEARY, AUDREY	1431 ESCAMBIA CT	PORT ST. LUCIE FL	<input type="checkbox"/>
T	BROWN, ESTELLE	1585 S BALCOURT CT.	PORT ST. LUCIE FL 34952	<input checked="" type="checkbox"/>
V	STEPHENS, PHYLLIS	2492 MEADWOOD CT.	PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/>
S	SMITH, MARY	1525 S BALCOURT CT	PORT ST LUCIE FL 34952	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	RICHARD DURAND	1576 SE COLLETTE CIR	PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
T	PEG DEGENNARO	1591 SE COLLETTE CIR	PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/>
V.P.	MARY SMITH	1525 SE S BALCOURT CT	PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/>
S	CATHERINE BAKER	1622 SE COLLETTE CT	PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PEG DEGENNARO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00 561-3353645
 Date Daytime Phone #