


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90165 036 \*\*\*\*61.25

**DOCUMENT # 757136**  
 1. Entity Name  
**THE SANDPEBBLE BEACH CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**4800 SANDPEBBLE TRACE**      **4800 SANDPEBBLE TRACE**  
**STUART FL 34996-8481**      **STUART FL 34996-8481**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2200762**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



1st MOORE      CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**LEVENSTEIN, RICHARD H ESQ.**  
**853 SE MONTEREY COMMONS BLVD.**  
**STUART FL 34996**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State.**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SUSSILLO, JOSEPH	
STREET ADDRESS	4720 SANDPEBBLE TRACE #3062	
CITY-ST-ZIP	STUART FL 34996	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PERLMUTTER, MARJORY	
STREET ADDRESS	2571 N.E. OCEAN BLVD. #406	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVENSTEIN, RICAHRD	
STREET ADDRESS	4490 SANDPEBBLE TRACE #105	
CITY-ST-ZIP	STUART FL 34996	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KILMER, WILLIAM	
STREET ADDRESS	4720 SANDPEBBLE TRACE #403	
CITY-ST-ZIP	STUART FL 34996	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOSESIAN, HARRY	
STREET ADDRESS	2571 NE OCEAN BLVD., #305	
CITY-ST-ZIP	STUART FL 34996	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STRAIT, Steven	
STREET ADDRESS	2641 N.E. OCEAN BLVD	
CITY-ST-ZIP	STUART, FL 34996	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**       **3/1/05**      **772-225-2525**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #