

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90037 010 \*\*\*\*61.25



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

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

Mailing Address  
**4800 SANDPEBBLE TRACE**  
**STUART, FL 34996-8481**



01092007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2200762**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KRIVOK, JAMES N ESQ.**  
**DICKER KRIVOK & STOLOFF, P.A.**  
**1818 AUSTRALIAN AVE., SUITE 400**  
**WEST PALM BEACH, FL 33409**

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	<del>LUCE CRAUER, JOHANNA</del> <b>TAJ HANNA</b>
STREET ADDRESS	<del>4400 SANDPEBBLE TRACE #202</del> <b>4620 SANDPEBBLE TRACE</b>
CITY-ST-ZIP	<b>STUART, FL 34996</b> <b>LWIT 301</b>
TITLE	PD
NAME	GRAY, SUSAN
STREET ADDRESS	2491 NE OCEAN BLVD. #401
CITY-ST-ZIP	STUART, FL 34996
TITLE	<del>VB SD</del>
NAME	KILMER, WILLIAM
STREET ADDRESS	4720 SANDPEBBLE TRACE #403
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	MOSESIAN, HARRY
STREET ADDRESS	2571 NE OCEAN BLVD. #305
CITY-ST-ZIP	STUART, FL 34996
TITLE	VD
NAME	STRAIT, STEVE A
STREET ADDRESS	2641 NE OCEAN BLVD. #105
CITY-ST-ZIP	STUART, FL 34996
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Susan M Gray  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/07 773 225 2525  
Date Daytime Phone #