


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90065 011 ****61.25

DOCUMENT # N0100002407

1. Entity Name
SANDY PINES PRESERVE PHASES THREE AND FOUR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1608 SUNNY BROOK LANE
 E107
 PALM BAY, FL 32905**

Mailing Address
**1608 SUNNY BROOK LANE
 E107
 PALM BAY, FL 32905**

2. Principal Place of Business
P.O. Box 510206

3. Mailing Address
P.O. Box 510206

Suite, Apt. #, etc.



03112004 Chg-NP CR2E037 (10/03)

City & State
MELBOURNE Beach FL MELBOURNE Beach FL

Zip
32951-0206 32951-0206

Country
USA USA

4. FEI Number
59-3721171

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ENGLER, C. DOUGLAS
 712 E PALMETTO AVE
 MELBOURNE, FL 32901**

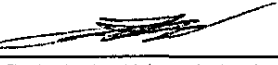
7. Name and Address of New Registered Agent

Name
WRENN, RICHARD

Street Address (P.O. Box Number is Not Acceptable)
**200 HILAN LANE
 MELBOURNE BEACH FL**

Zip Code
32951

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  **RICHARD WRENN** **3/16/04**

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, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP | D ENGLER, C. DOUGLAS 201 E NEW HAVEN MELBOURNE, FL 32901 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JEFFERIES, BENJAMIN E PO BOX 309 MELBOURNE, FL 329020309 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THOMPSON, RONALD W 544 PONDEROSA STREET WEST MELBOURNE, FL 32904 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D GOODRICH, JERRY 2129 SPRING CREEK CIRCLE NE PALM BAY, FL 32905 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D FALOTICO, FRANK 2185 SPRING CREEK CIRCLE NE PALM BAY, FL 32905 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D GERBER, STAN 2121 SPRING CREEK CIRCLE NE PALM BAY, FL 32905 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D HOHN, LORI 2191 SPRING CREEK CIRCLE NE PALM BAY, FL 32905 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D ROBERTS, ART 2108 SPRING CREEK CIRCLE NE PALM BAY, FL 32951 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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  **3/16/04 (321) 777-5552**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #