

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90437 040 \*\*\*\*61.25

46060935



<b>DOCUMENT # N01000002407</b> 1. Entity Name <b>SANDY PINES PRESERVE PHASES THREE AND FOUR HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>582 HWY A1A SATELLITE BEACH, FL 32937</b>			Mailing Address <b>582 HWY A1A SATELLITE BEACH, FL 32937</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03202006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>59-3721171</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PROKOP, VICTORIA 582 HWY A1A SATELLITE BEACH, FL 32937</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FORCIER, MARC 2238 NE SPRING CREEK CIRCLE PALM BAY, FL 32905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIVADON, ROXANNE 2226 NE SPRING CREEK CIRCLE PALM BAY, FL 32905	<input checked="" type="checkbox"/> Delete		TITLE <del>TREA</del> NAME STREET ADDRESS CITY-ST-ZIP	<b>ROBERTS ARTHUR</b> <b>2108 NE SPRING CREEK CIRCLE</b> <b>PALM BAY FL 32905</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERBER, STAN 2121 SPRING CREEK CIR., NE PALM BAY, FL 32905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOHN, LORI 2191 SPRING CREEK CIR., NE PALM BAY, FL 32905	<input checked="" type="checkbox"/> Delete		TITLE <del>SD</del> NAME STREET ADDRESS CITY-ST-ZIP	<b>PIPER JON</b> <b>2112 NE SPRING CREEK CIRCLE</b> <b>PALM BAY FL 32905</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILBERT, RICHARD 2192 NE SPRING CREEK CIRCLE PALM BAY, FL 32905	<input checked="" type="checkbox"/> Delete		TITLE <del>TD</del> NAME STREET ADDRESS CITY-ST-ZIP	<b>BREESTER GORDON</b> <b>2202 SPRING CREEK CIRCLE</b> <b>PALM BAY FL 32909</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>4/20/06</b> Daytime Phone #: <b>772.562.9031</b>	