

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90084 030 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                                                                                                                         |                                                                                                                                                                                                                         |                                                                        |                                                                              |
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| <b>DOCUMENT # N01000002407</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                                                                         |                                                                                                                                                                                                                         |                                                                        |                                                                              |
| <b>1. Entity Name</b><br>SANDY PINES PRESERVE PHASES THREE AND FOUR HOMEOWNERS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                                                                                                                         |                                                                                                                                                                                                                         |                                                                        |                                                                              |
| <b>Principal Place of Business</b><br>582 HWY A1A<br>SATELLITE BEACH, FL 32937                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                                                                         | <b>Mailing Address</b><br>582 HWY A1A<br>SATELLITE BEACH, FL 32937                                                                                                                                                      |                                                                        |                                                                              |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>1900 S. Harbor City Blvd<br>Suite/Apt. #, etc. #227<br>City & State Melbourne, FL<br>Zip 32901 Country USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           | <b>3. Mailing Address</b><br>1900 S. Harbor City Blvd<br>Suite/Apt. #, etc. #227<br>City & State Melbourne, FL<br>Zip 32901 Country USA |                                                                                                                                                                                                                         |                                                                        |                                                                              |
| <b>4. FEI Number</b><br>59-3721171                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |                                                                                                                                         |                                                                                                                                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                 |                                                                              |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                                                                                                                         |                                                                                                                                                                                                                         | <b>\$8.75 Additional Fee Required</b>                                  |                                                                              |
| <b>6. Name and Address of Current Registered Agent</b><br>PROKOP, VICTORIA<br>582 HWY A1A<br>SATELLITE BEACH, FL 32937                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                                                                         | <b>7. Name and Address of New Registered Agent</b><br>Name Vista Properties Mgmt Inc.<br>Street Address (P.O. Box Number is Not Acceptable) 1900 S. Harbor City Blvd<br>Suite # 227<br>City Melbourne FL Zip Code 32901 |                                                                        |                                                                              |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                                                                                         |                                                                                                                                                                                                                         |                                                                        |                                                                              |
| SIGNATURE <u>Jenny Alexander, CAM</u> <span style="float: right;">2/16/2007</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (If the Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                                                                                                                         |                                                                                                                                                                                                                         |                                                                        |                                                                              |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/>                                              |                                                                                                                                                                                                                         | <b>\$5.00 May Be Added to Fees</b>                                     |                                                                              |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |                                                                                                                                         |                                                                                                                                                                                                                         |                                                                        |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                                                                         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                            |                                                                        |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | VPD<br>FORCIER, MARC<br>2238 NE SPRING CREEK CIRCLE<br>PALM BAY, FL 32905 | <input checked="" type="checkbox"/> Delete                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | VP<br>Breese, Gordon<br>2202 Spring Creek Cir NE<br>Palm Bay, FL 32905 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | T<br>ROBERTS, ARTHUR<br>2108 NE SPRING CREEK CR<br>PALM BAY, FL 32905     | <input type="checkbox"/> Delete                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          |                                                                        |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PD<br>GERBER, STAN<br>2121 SPRING CREEK CIR., NE<br>PALM BAY, FL 32905    | <input type="checkbox"/> Delete                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          |                                                                        |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D<br>PIPER, JON<br>2112 NE SPRING CREEK CR<br>PALM BAY, FL 32905          | <input checked="" type="checkbox"/> Delete                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | D<br>Forcier, marc<br>2238 Spring Creek Cir NE<br>Palm Bay, FL 32905   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | S<br>BREES, JON<br>2202 SPRING CREEK CR<br>PALM BAY, FL 32905             | <input checked="" type="checkbox"/> Delete                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | S<br>Goodrich, Jerry<br>2129 Spring Creek Cir NE<br>Palm Bay, FL 32905 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                                                                         |                                                                                                                                                                                                                         |                                                                        |                                                                              |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 of an attachment with an address, with all other like empowered.</b> |                                                                           |                                                                                                                                         |                                                                                                                                                                                                                         |                                                                        |                                                                              |
| <b>SIGNATURE:</b> <u>Jenny Alexander, CAM</u> <span style="float: right;">2/16/2007 732-563-9021</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                                                                         |                                                                                                                                                                                                                         |                                                                        |                                                                              |