

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90127 011 ****61.25

DOCUMENT # **NO1000002407**
1. Entity Name **SANDY PINES PRESERVE PHASES
THREE AND FOUR HOMEOWNERS
ASSOCIATION, INC.**



DO NOT WRITE IN THIS SPACE

90038218

2. Principal Place of Business
**1608 SUNNY BROOK LN
Suite, Apt. #, etc.
E107**

3. Mailing Address
**1608 SUNNY BROOK LN NE
Suite, Apt. #, etc.
E107**

DO NOT WRITE IN THIS SPACE

City & State
PALM BAY FL

City & State
PALM BAY FLORIDA

Zip
32905

Country
USA

Zip
32905

Country
USA

4. FEI Number
59-3721171

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
C. DOUGLAS ENGLE

Street Address (P.O. Box Number is Not Acceptable)
712 E PALMETTO AVE

City
MELBOURNE FL

Zip Code
32901

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FEE IS \$61.25
Initial or Amended UBR

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 C. DOUGLAS ENGLE 201 E. NEW HAVEN MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN E. SEFFENIES P.O. BOX 509 MELBOURNE, FL 32902-0309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONALD W. THOMPSON 544 PONDEMOSA ST. WEST MELBOURNE FL 32902	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with another like empowered.

SIGNATURE: **C. DOUGLAS ENGLE** **2-24-03** **321-957-0641**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)