

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90044 032 \*\*\*\*61.25

944269



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N36686**

1. Entity Name  
**SAND PEBBLE POINTE MASTER ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**4740 BAY BLVD**                      **4740 BAY BLVD**  
**PORT RICHEY FL 34668**            **PORT RICHEY FL 34668**  
**US**                                      **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country

4. FEI Number **59-2999794**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NELSON, GENE**  
**4550 BAY BLVD #1253**  
**PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City                      **FL**                      Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TARDY, ALBERT F</b>	
STREET ADDRESS	<b>8141 AQUILA ST #336</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>NELSON, GENE</b>	
STREET ADDRESS	<b>4550 BAY BLVD #1253</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>POZNANSKI, CHESTER</b>	
STREET ADDRESS	<b>8150 BRENT ST #743</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KURTZER, TOM</b>	
STREET ADDRESS	<b>4411 HARBOR POINTE DR</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROBINSON, AL</b>	
STREET ADDRESS	<b>8152 BRENT ST</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RIECHER, MEL</b>	
STREET ADDRESS	<b>4620 BAY BLVD #1126</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Joseph Brischetto</b>	
STREET ADDRESS	<b>8141 Aquila St. # 324</b>	
CITY-ST-ZIP	<b>Port Richey FL 34668</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Fran Gantt</b>	
STREET ADDRESS	<b>8202 Brent St</b>	
CITY-ST-ZIP	<b>Port Richey FL 34668</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Paul Treese</b>	
STREET ADDRESS	<b>8141 Aquila St # 315</b>	
CITY-ST-ZIP	<b>Port Richey FL 34668</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **X SIGNATURE REQUIRED**      **X 4-6-01 (727) 844-7024**

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

CR2E037 (10/00)