


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90466 002 \*\*\*\*61.25

<b>DOCUMENT # N36686</b>			
1. Entity Name <b>SAND PEBBLE POINTE MASTER ASSOCIATION, INC.</b>			
Principal Place of Business <b>4740 BAY BLVD PORT RICHEY, FL 34668 US</b>		Mailing Address <b>PO BOX 1407 NEW PORT RICHEY, FL 34656 US</b>	
2. Principal Place of Business <b>6710 Embasdsy Blvd</b>		3. Mailing Address <b>PO Box 1407</b>	
Suite, Apt. #, etc. <b>Suite 204</b>		Suite, Apt. #, etc.	
City & State <b>Port Richey FL</b>		City & State <b>Port Richey FL</b>	
Zip <b>34668</b>	Country <b>Pasco</b>	Zip <b>34673</b>	Country <b>Pasco</b>
6. Name and Address of Current Registered Agent <b>MYSZKOWIAK, MARY ANN 1123 S OSCEOLA DR. NEW PORT RICHEY, FL 34654</b>		4. FEI Number <b>59-2999794</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent			
Name <b>MARY ANN MYSZKOWIAK</b>		Name	
Street Address (P.O. Box Number is Not Acceptable) <b>6710 EMBASSY BLVD SUITE 204</b>		Street Address (P.O. Box Number is Not Acceptable)	
City <b>Port Richey</b>		City <b>FL</b>	
Zip Code <b>34668</b>		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. 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) DATE</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 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AUSTIN, FRANK</b>		NAME	
STREET ADDRESS <b>8251 BRENT ST., #911</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP	
TITLE <b>VPD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NELSON, GENE</b>		NAME	
STREET ADDRESS <b>4550 BAY BLVD #1253</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FIKSE, JOHN</b>		NAME	
STREET ADDRESS <b>4550 BAY BLVD. #1248</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GANTT, FRAN</b>		NAME	
STREET ADDRESS <b>8150 BRENT ST #738</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HASHIM, CHRISTINE</b>		NAME	
STREET ADDRESS <b>4433 HARBORPOINTE DR.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FREEDMAN, SID</b>		NAME <b>Peter Luciano</b>	
STREET ADDRESS <b>8205 AQUILA ST</b>		STREET ADDRESS <b>8230 Brent St.</b>	
CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP <b>Port Richey FL 34668</b>	
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>4/17 06</b> Daytime Phone # <b>727-859-973</b>	