
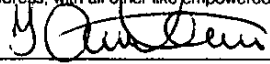


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90087 018 ****61.25

DOCUMENT # N36686							
1. Entity Name SAND PEBBLE POINTE MASTER ASSOCIATION, INC.							
Principal Place of Business 6710 EMBASSY BLVD SUITE 204 PORT RICHEY, FL 34668 US			Mailing Address PO BOX 1407 NEW PORT RICHEY, FL 34656 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		04062007 Chg-NP CR2E037 (12/06)			
Zip		Country		4. FEI Number 59-2999794			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MYSZKOWIAK, MARY ANN 6710 EMBASSY BLVD SUITE 204 PORT RICHEY, FL 34668			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AUSTIN, FRANK		NAME				
STREET ADDRESS	8251 BRENT ST., #911		STREET ADDRESS				
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP				
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NELSON, GENE		NAME	Nino SACCHETTI			
STREET ADDRESS	4550 BAY BLVD #1253		STREET ADDRESS	4550 BAY BLVD # 1241			
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	PORT RICHEY FL 34668			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FIKSE, JOHN		NAME	mel Bornstein			
STREET ADDRESS	4550 BAY BLVD. #1248		STREET ADDRESS	4550 BAY BLVD # 1238			
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	PORT RICHEY FL 34668			
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GANTT, FRAN		NAME				
STREET ADDRESS	8150 BRENT ST #738		STREET ADDRESS				
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HASHIM, CHRISTINE		NAME				
STREET ADDRESS	4433 HARBORPOINTE DR.		STREET ADDRESS				
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LUCIANO, PETER		NAME	Robert Triola			
STREET ADDRESS	8230 BRENT ST		STREET ADDRESS	8230 AQUICLA ST			
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	PORT RICHEY FL 34668			
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: 			727-859-9734 A. 23. 07				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				