2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 14, 2008 8:00 am Secretary of State 05-14-2008 90010 019 ****61.25

1. Entity Name SAND PEBBLE POINTE MASTER ASSOCIATION, INC.													
Principal Place of Business 6710 EMBASSY BLVD SUITE 204 PORT RICHEY, FL 34668 US			PO B	Mailing Address PO BOX 1407 NEW PORT RICHEY, FL 34656			:		1410 EHIO OHIS HBUD O				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04212008	Chg-NP	CR2E	37 (12/06)		
City & State			Cit	City & State							t Applicable		
Zip Country			Ziş	Zip Cou			5. Certificate of Status Desired \$8.75 Additional Fee Required					litional d	
	6. Name	and Address of Currer	nt Registere	ed Agent		N		7. Name and A	Address of New I	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	City FL Zip Code						
	named entitions of regist	ty submits this statement stered agent.	for the purp	ose of changing its	register	ed office or	register	ed agent, or both	i, in the State of F	lorida. I an	n familiar with,	and accept	
SIGNATURE	SIGNATURE												
	Signature, typed	d or printed name of registered age	ent and title if app	olicable. (NOTE	: Registere	d Agent signatur	re required	when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2008						9. Election Campaign Financing Trust Fund Contribution.							
						٠.		\$5.00 May Be Added to Fees	, ,		ck payable to		
10	Due by A	Way 1, 2008	DIRECTORS	Trust Fund C	ontribut	ion. [Added to Fees	, ,	rida Depa	IRECTORS IN	l 10	
TITLE NAME STREET ADDRESS	PD AUSTIN, 8251 BRE	May 1, 2008 OFFICERS AND E FRANK ENT ST., #911	DIRECTORS	Trust Fund C	11. TITU NAM STRE	E E E E E E ADDRESS	D Jami 825	Added to Fees ADDITIONS/CHA es Carr 1 Brent	NGES TO OFFICE	Frida Depa ERS AND E	rtment of Si	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD AUSTIN, 8251 BRE PORT, RIC	May 1, 2008 OFFICERS AND E FRANK ENT ST., #911 CHEY, FL 34668	DIRECTORS	Trust Fund C	11. TITU NAM STRE CITY	E E EET AODRESS -ST-ZIP	D Jami 825	Added to Fees ADDITIONS/CHA es Carr 1 Brent	NGES TO OFFICE	Frida Depa ERS AND E	IRECTORS IN	l 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD AUSTIN, 8251 BRE PORT, RIVD SACCHE 4550 BAY	May 1, 2008 OFFICERS AND E FRANK ENT ST., #911 CHEY, FL 34668 TTI, NINO Y BLVD #1241	DIRECTORS	Trust Fund C	11. TITU NAM STRE CITY TITU NAM STRE	E E E E E E E E E E E E E E E E E E E	D Jam 825 Por	Added to Fees ADDITIONS/CHA es Carr 1 Brent	NGES TO OFFICE	Frida Depa ERS AND E	Introduction Statement of State	tate 100 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUSTIN, 8251 BRE PORT, RIVD SACCHE 4550 BAY	May 1, 2008 OFFICERS AND E FRANK ENT ST., #911 CHEY, FL 34668	DIRECTORS	Trust Fund C	11. TITLL NAM STRE CITY TITLL NAM STRE CITY	E E E E E E E E E E E E E E E E E E E	D Jam 825 Por	Added to Fees ADDITIONS/CHA es Carr 1 Brent	NGES TO OFFICE	Frida Depa ERS AND E	Introduction of SIRECTORS IN Change Change	Late 1 10 □ 'Addition □ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD AUSTIN, 8251 BRE PORT, RIV SACCHE 4550 BAY PORT RIC D BURNSTI	FRANK CHEY, FL 34668 TTI, NINO Y BLVD #1241 CHEY, FL 34668	DIRECTORS	Trust Fund C	11. TITU NAM STRE CITY TITU NAM STRE CITY TITU NAM STRE CITY	EE LEET ADDRESS SET ADDRESS SET ST-ZIP EE LEET ADDRESS S-ST-ZIP EE LEET ADDRESS S-ZIP EE LEET	D Jam 825 Por D	Added to Fees ADDITIONS/CHA es Carr 1 Brent t RIche	NGES TO OFFICE	Frida Depa ERS AND E	Introduction Statement of State	tate 1 10 Saf Addition	
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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 eligible empowered.

SIGNATURE: 🚣

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR