


**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N36686		
1. Entity Name SAND PEBBLE POINTE MASTER ASSOCIATION, INC.		
Principal Place of Business 4740 BAY BLVD PORT RICHEY, FL 34668 US		Mailing Address 4740 BAY BLVD PORT RICHEY, FL 34668 US
2. Principal Place of Business		3. Mailing Address PO Box 1407
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State Newport Richey FL
Zip	Country	Zip 34656 Country PASCO
6. Name and Address of Current Registered Agent NELSON, GENE 4650 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when necessary) DATE _____		
FILE NOW! FEE IS \$61.25		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 NAME STREET ADDRESS CITY-STATE-ZIP	PD BRISCHETTO, JOSEPH 8141 AQUILA ST. #324 PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
		VO FRANK AUSTIN 8251 Brent St #911 PORT RICHEY FL 34668 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD NELSON, GENE 4650 BAY BLVD #1253 PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
		PD Richard Hobers 8308 Aquilla St Port Richey FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD GANTT, FRAN 8202 BRENT ST PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
		D Bonnie Boblitt 4620 BAY BLVD #1148 PORT RICHEY FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D TRESE, PAUL 8141 AQUILA ST. #315 PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
		D Tom DALY 8211 BRENT ST #848 PORT RICHEY FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
		D George Becker 8223 Aquilla St PORT RICHEY FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Eugene Nelson</u>		Date: <u>4/15/03</u> 727-862-9734

11009869



CHECK HERE IF MAKING CHANGES

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

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

OFFREC037 (1/02)