

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90016 005 ****61.25

DOCUMENT # 723496

1. Entity Name
SAND PEBBLES MANAGEMENT, INC.



Principal Place of Business
**1980 N ATLANTIC AVE #701
COCOA BCH, FL 32931**

Mailing Address
**1980 N ATLANTIC AVE #701
COCOA BCH, FL 32931**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1533829

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, PETEY
1980 N ATLANTIC AVE #701
COCOA BEACH, FL 32931**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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-ST-ZIP
**PD
BIEDERMAN, CHARLIE
504 FILLMORE AVE., B-8
CAPE CANAVERAL, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
LEASURE, LINDA
1828 E CHERYL DR
WINTER PARK, FL 32792** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Leasure, Linda** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SAYLOR, MARK
504 FILLMORE AVE., A-4
CAPE CANAVERAL, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
Saylor, mark** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WYRICK, TRACY
1828 E CHERYL DRIVE
WINTER PARK, FL 32792** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Jordan, Tim
524 Fillmore Ave A1
Cape Canaveral, FL 32920** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Charles L. Birch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08

Date

Daytime Phone #