

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90357 044 \*\*\*\*61.25

**60029536**



<b>DOCUMENT # 764989</b> 1. Entity Name <b>SANDY PINES OF BAY FOREST ASSOCIATION, INC.</b>					
Principal Place of Business <b>15330 CEDARWOOD LANE #101 NAPLES, FL 34110 US</b>			Mailing Address <b>15330 CEDARWOOD LANE #101 NAPLES, FL 34110 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2259768</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>STOPPS, WILLIAM E 15330 CEDARWOOD LN, #101 NAPLES, FL 34110</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVPD STOPPS, WILLIAM E 15330 CEDARWOOD LN #101 NAPLES, FL 00000, 34110		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOMMEL, EDWARD 325 BAY FOREST DR, #103 NAPLES, FL 34110		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHILLIPS, ROBERT 15400 CEDARWOOD LANE #104 NAPLES, FL 34110		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEDELY, THOMAS 325 BAY FOREST DRIVE STE 202 NAPLES, FL 34110		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MUNNS, ROBERT 15400 CEDARWOOD LANE #202 NAPLES, FL 34110		<input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POPILEC, GENE 15330 CEDARWOOD LANE #202 NAPLES, FL 34110		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MUNNS, ROBERT 15400 CEDARWOOD LANE #202 NAPLES, FL 34110		<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 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: <u>Wm Stopps</u> <b>TREASURER</b> <span style="float: right;">4-21-06 (239) 992-9299</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>WILLIAM E. STOPPS</b>					