

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90218 038 \*\*\*\*61.25

**DOCUMENT # 764989**

1. Entity Name  
**SANDY PINES OF BAY FOREST ASSOCIATION, INC.**



Principal Place of Business  
**15330 CEDARWOOD LANE #101  
NAPLES, FL 34110 US**

Mailing Address  
**15330 CEDARWOOD LANE #101  
NAPLES, FL 34110 US**

**60001623**



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2259768**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STOPPS, WILLIAM E  
15330 CEDARWOOD LN, #101  
NAPLES, FL 34110**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TVPD  
STOPPS, WILLIAM E  
15330 CEDARWOOD LN #101  
NAPLES, FL 00000, 34110**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
HOMMEL, EDWARD  
325 BAY FOREST DR, #103  
NAPLES, FL 34110**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
POPIEC, GENE  
15330 CEDARWOOD LANE #202  
NAPLES, FL 34110**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
HEDELY, THOMAS  
325 BAY FOREST DRIVE STE 202  
NAPLES, FL 34110**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
MUNNS, ROBERT  
15400 CEDARWOOD LANE #202  
NAPLES, FL 34110**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

**William E Stopps**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DIRECTOR/  
TREASURER**

**1/10/07 (239) 992-9299**  
Date Daytime Phone #