

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764989

FILED
Jan 07, 2009
Secretary of State

Entity Name: SANDY PINES OF BAY FOREST ASSOCIATION, INC.

Current Principal Place of Business:

15330 CEDARWOOD LANE #101
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

15330 CEDARWOOD LANE #101
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 59-2259768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TVPD () Delete
Name: STOPPS, WILLIAM E,
Address: 15330 CEDARWOOD LN #101
City-St-Zip: NAPLES, FL 00000, 34110

Title: VPD () Delete
Name: HOMMEL, EDWARD
Address: 325 BAY FOREST DR, #103
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: POPIELEC, GENE
Address: 15330 CEDARWOOD LANE #202
City-St-Zip: NAPLES, FL 34110

Title: VPD () Delete
Name: MUNNS, ROBERT
Address: 15400 CEDARWOOD LANE #202
City-St-Zip: NAPLES, FL 34110

Title: VPD () Delete
Name: KONTOS, MICHAEL H
Address: 15470 CEDARWOOD LANE #201
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: HERRIG, SIGRID
Address: 15470 CEDARWOOD LANE #201
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MUNNS, ROBERT
Address: 15400 CEDARWOOD LANE #202
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. STOPPS

TDVP

01/07/2009

Electronic Signature of Signing Officer or Director

Date