

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764989

**FILED**  
**Jan 30, 2011**  
**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  
Name: STOPPS, WILLIAM E  
Address: 15330 CEDARWOOD LN #101  
City-St-Zip: NAPLES, FL 00000, 34110

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

Title: PD  
Name: POPIELEC, GENE  
Address: 15330 CEDARWOOD LANE #202  
City-St-Zip: NAPLES, FL 34110

Title: VP  
Name: HINZ, JAMES E  
Address: 15470 CEDARWOOD LANE #104  
City-St-Zip: NAPLES, FL 34110

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM E. STOPPS

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01/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date