2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766610

Apr 20, 2007 Secretary of State

Entity Name: SAND PEBBLE RESORT OF TREASURE ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

12300 GULF BLVD

TREASURE ISLAND, FL 33706

Current Mailing Address: New Mailing Address:

12300 GULF BLVD

Title:

TREASURE ISLAND, FL 33706

FEI Number: 59-2574436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCNEW, JOANN MCNEW, JOANN 12300 GÚLF BLVD

12300 GULF BLVD TREASURE ISLAND, FL 33706 SUITE 101

TREASURE ISLAND, FL 33706 US

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: 04/20/2007

> Electronic Signature of Registered Agent Date

> > Title:

OFFICERS AND DIRECTORS:

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

(X) Change () Addition () Delete

OSTERMAN, LARRY OSTERMAN, LARRY Name: Name: Address: 3109 IMPERIAL PALMS DRIVE Address: 3109 IMPERIAL PALMS DRIVE

City-St-Zip: LARGO, FL 33771 City-St-Zip: LARGO, FL 33771

(X) Change () Addition GRIFFIN, LLOYD, Name: Name: GRIFFIN, LLOYD Address: HC5. BOX 887 DEER TRAIL Address: 94 NE 642 2ND STREET City-St-Zip: OLD TOWN, FL 32680 City-St-Zip: OLD TOWN, FL 32680

Title: () Delete Title: **PRES** (X) Change () Addition

MACCIOCCHI, VINCO MACCIOCCHI, VINCE Name: Name: 59 CAVEHILL CRESCENT Address: 59 CAUCHILL Address:

City-St-Zip: SCORBOROUGH, ONTARIO, CA M1R4P5 City-St-Zip: SCARBOROUGH, ONTARIO, CA M1R4P8

I hereby certify that the information supplied with this filing does not qualify for the 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: JOANN MCNEW RΑ 04/20/2007