

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766610

FILED
Apr 27, 2009
Secretary of State

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

Current Principal Place of Business:

12300 GULF BLVD
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

12300 GULF BLVD
TREASURE ISLAND, FL 33706

New Mailing Address:

PO BOX 540669
MERRITT ISLAND, FL 32954

FEI Number: 59-2574436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNEW, JOANN
12300 GULF BLVD
TREASURE ISLAND, FL 33706 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: TSD () Delete
Name: OSTERMAN, LARRY
Address: 3109 IMPERIAL PALMS DRIVE
City-St-Zip: LARGO, FL 33771

Title: VPD () Delete
Name: BOLES, GARY
Address: 2439 MARLBOROUGH RD
City-St-Zip: COLORADO SPRINGS, CO 80909

Title: PRES () Delete
Name: MACCIOCCHI, VINCE
Address: 59 CAVEHILL CRESCENT
City-St-Zip: SCARBOROUGH, ONTARIO, CA M1R4P8

Title: AS () Delete
Name: SCHWARTZ, RICHARD A
Address: 21306 RAINDANCE LANE
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: MACCIOCCHI, VINCE
Address: 12300 GULF BLVD
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VPD (X) Change () Addition
Name: BECHTEL, BRIAN
Address: 12300 GULF BLVD
City-St-Zip: TREASURE ISLAND, FL 33706

Title: P (X) Change () Addition
Name: BOLES, GARY
Address: 12300 GULF BLVD
City-St-Zip: TREASURE ISLAND, FL 33706

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: VINCE MACCIOCCHI

STD

04/27/2009

Electronic Signature of Signing Officer or Director

Date