

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766610

**FILED**  
**Apr 23, 2010**  
**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:**

PO BOX 540669  
MERRITT ISLAND, FL 32954

**New Mailing Address:**

**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: STD  
Name: MACCIOCCHI, VINCE  
Address: 12300 GULF BLVD  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VPD  
Name: BECHTEL, BRIAN  
Address: 12300 GULF BLVD  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: PD  
Name: BOLES, GARY  
Address: 12300 GULF BLVD  
City-St-Zip: TREASURE ISLAND, FL 33706

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

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: VINCE MACCIOCCHI

STD

04/23/2010

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

\_\_\_\_\_  
Date