

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 09, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N00000001368**

**1. Entity Name  
SAND TRAP VILLAS CONDOMINIUM ASSOCIATION, INC.**



**Principal Place of Business  
7211 WINKLER ROAD  
FT. MYERS, FL 33919**

**Mailing Address  
7211 WINKLER ROAD  
FT. MYERS, FL 33919**



01072006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
NOT APPLICABLE**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GROSS, EDWARD  
7207 WINKLER RD.  
FT. MYERS, FL 33919**

**DO NOT WRITE  
IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000380675  
01/11/06-80024-005 61.25  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
GROSS, EDWARD  
7207 WINKLER RD.  
FORT MYERS, FL 33919**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
GARNER, JERETTA  
7211 WINKLER RD.  
FORT MYERS, FL 33919**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
NELSON, LYDIA  
7209 WINKLER RD.  
FT. MYERS, FL 33919**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/06 239 482 6044

Edward H. Gross