2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000001368

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

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

DO NOT WRITE IN THIS SPACE

01132007 No Chg-NP   CR2E037 (4/06)

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

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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)   DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U000000592022
01/19/07-80046-005 61.25

10.   OFFICERS AND DIRECTORS

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

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

TITLE	SD
NAME	NELSON, LYDIA
STREET ADDRESS	7209 WINKLER RD.
CITY-ST-ZIP	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	

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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: _____ Edward Gross 1/16/07 239 482-6044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #