

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90052 011 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROSS, EDWARD 7207 WINKLER RD. FT. MYERS, FL 33919			7. Name and Address of New Registered Agent Name: <u>JERETTA GARNER</u> Street Address (P.O. Box Number is Not Acceptable): <u>7211 Winkler Road</u> City: <u>FT MYERS</u> FL Zip Code: <u>33919</u>		
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: <u><i>Jeretta Garner</i></u> (NOTE: Registered Agent signature required when re-registering) 1-24-08 <small>Signature (typed or printed name of registered agent and title if applicable) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PTD NAME GROSS, EDWARD STREET ADDRESS 7207 WINKLER RD. CITY-ST-ZIP FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE PD NAME JOHN NELSON STREET ADDRESS 7209 WINKLER ROAD CITY-ST-ZIP FORT MYERS, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME GARNER, JERETTA STREET ADDRESS 7211 WINKLER RD. CITY-ST-ZIP FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE FD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME NELSON, LYDIA STREET ADDRESS 7209 WINKLER RD. CITY-ST-ZIP FT. MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME LINDA HAGEN STREET ADDRESS 7213 Winkler Road CITY-ST-ZIP FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE VPO NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Jeretta Garner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1-24-08</u> <small>Daytime Phone #</small>		