

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90039 037 \*\*\*\*61.25

DOCUMENT # N02000009508	
1. Entity Name SANDY PINES ESTATES HOMEOWNERS ASSOCIATION, INC.	



Principal Place of Business <del>7415 NEWBERRY RD.</del> <del>GAINESVILLE, FL 32606</del> 27824 S.W. 90 AVE. NEWBERRY, FL 32669	Mailing Address <del>7415 NEWBERRY RD.</del> <del>GAINESVILLE, FL 32606</del> P.O. BOX 59 NEWBERRY, FL 32669
---	--



03112008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MANAGEMENT SPECIALISTS 4400 NW 30TH AVE GAINESVILLE, FL 32606
--

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

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
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHATFIELD, SHAWN <del>PO BOX 57</del> 27824 S.W. 90 AVE. NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EDWARDS, TIM 2680 APPALOOSA TR WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DORREL, <del>SHARIE</del> CHARLES 11620 SW 119TH PL RD MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <del>STEFFENS, LORRIE</del> 128 JENNINGS AVE LAKE WORTH, FL 33403
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: <u>Charles M. Dorrel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	CHARLES M. DORREL 11 APR. 08 305.545.6139 <small>Date Daytime Phone #</small>