

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009508

FILED  
Jul 13, 2009  
Secretary of State

**Entity Name:** SANDY PINES ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

27824 S.W. 90 AVE.  
NEWBERRY, FL 32669

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 57  
NEWBERRY, FL 32669

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MANAGEMENT SPECIALISTS  
4400 NW 36TH AVE  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

DORREL, CHARLES M MR.  
11620 SW 119 PLACE ROAD  
MIAMI, FL 33186 US

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: CHARLES M. DORREL

07/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHATFIELD, SHAWN  
Address: 27824 S.W. 90 AVE.  
City-St-Zip: NEWBERRY, FL 32669

Title: VP ( ) Delete  
Name: EDWARDS, TIM  
Address: 2680 APPALOOSA TR  
City-St-Zip: WELLINGTON, FL 33414

Title: T ( ) Delete  
Name: DORREL, CHARLIE  
Address: 11620 SW 119TH PL RD  
City-St-Zip: MIAMI, FL 33186

Title: D (X) Delete  
Name: HALL, HALLEA  
Address: 633 NE 16TH ST SUITE 1060  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S (X) Delete  
Name: STEFFENS, LORRIE  
Address: 120 JENNINGS AVE  
City-St-Zip: LAKE WORTH, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: DORREL, CHARLES  
Address: 11620 SW 119TH PL RD  
City-St-Zip: MIAMI, FL 33186

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES M. DORREL

MR.

07/13/2009

Electronic Signature of Signing Officer or Director

Date