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Secretary of State
03-16-2006 90238 042 ****61.25

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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000003774

1. Entity Name
SANDHILL DUNES AT TAMPA BAY ASSOCIATION, INC.

66007743

Principal Place of Business	Mailing Address
~~3300 UNIVERSITY DR.~~ ~~CORAL SPRINGS, FL 33065~~	3300 UNIVERSITY DR. ~~CORAL SPRINGS, FL 33065~~

02282006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
409 E. College Ave	P.O. Box 1058
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ruskin, Fl.	City & State: Ruskin, Fl.
Zip: 33570 Country:	Zip: 33575 Country:

58-2475380

4. ~~Reinstatement~~ APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~DIFIORE, CORA~~ ~~3300 UNIVERSITY DRIVE~~ SUITE 001 ~~CORAL SPRINGS, FL 33065~~	Name: Lou Ellen Wilson Street Address (P.O. Box Number is Not Acceptable): 409 E. College Ave City: RUSKIN FL Zip Code: 33570

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 _____ 3-10-06
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KREIFF, ROBERT 3300 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O/P Nancy Hartley 29627 Toda Ct. San Antonio, Fl.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILSON, STEVE 3300 UNIVERSITY DRIVE SUITE 001 CORAL SPRINGS, FL 33065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T/S John Sawyers 10426 Chatuge Dr. San Antonio, Fl.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST DIFIORE, CORA 3300 UNIVERSITY DRIVE SUITE 001 CORAL SPRINGS, FL 33065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O/VP Brian Sheffield 10451 Chatuge Dr. San Antonio, Fl.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Nancy A. Hartley 3-28-06 (813) 645-1569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Nancy Hartley