

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006493

FILED  
Feb 17, 2005  
Secretary of State

Entity Name: THE PINES OT SANDALHAVEN PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3317 GOLDFINCH LANE  
ENGLEWOOD, FL 34224

**New Principal Place of Business:**

9192 PINEHAVEN WAY  
ENGLEWOOD, FL 34224

**Current Mailing Address:**

P.O. BOX 363  
PLACIDA, FL 33946

**New Mailing Address:**

FEI Number: 68-0562357      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BATSEL, C. GUY  
3317 GOLDFINCH LAND  
ENGLEWOOD, FL 34224    US

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

BATSEL, C. GUY  
9192 PINEHAVEN WAY  
ENGLEWOOD, FL 34224    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:

Electronic Signature of Registered Agent

02/17/2005

Date

**OFFICERS AND DIRECTORS:**

Title:      PSTD      ( ) Delete  
Name:      BATSEL, C. GUY  
Address:      3317 GOLDFINCH LANE  
City-St-Zip:      ENGLEWOOD, FL 34224

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

Title:      PSTD      (X) Change ( ) Addition  
Name:      BATSEL, C. GUY  
Address:      9192 PINEHAVEN WAY  
City-St-Zip:      ENGLEWOOD, FL 34224

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: C. GUY BATSEL

PSTD

02/17/2005

Electronic Signature of Signing Officer or Director

Date