

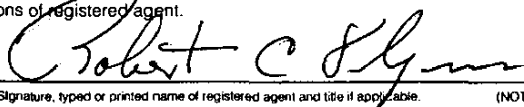
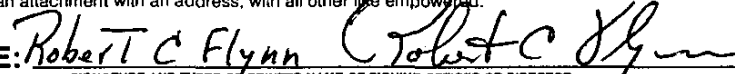


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90043 001 ****61.25

DOCUMENT # N03000006493 1. Entity Name THE PINES OT SANDALHAVEN PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 9192 PINEHAVEN WAY ENGLEWOOD, FL 34224			Mailing Address P.O. BOX 963 9192 Pinehaven PLACIDA, FL 33046 Englewood, FL 34224		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 9192 Pinehaven, WAY Suite, Apt. #, etc.			
City & State 		City & State Englewood FL			
Zip 		Zip 34224			
Country		Country			
4. FEI Number 68-0562357				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BATSEL C GUY 9192 PINEHAVEN WAY ENGLEWOOD, FL 34224			7. Name and Address of New Registered Agent Name Robert C Flynn Street Address (P.O. Box Number is Not Acceptable) 9106 Pinehaven Way City Englewood FL Zip Code 34224		
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 					
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. <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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD BATSEL, C. GUY 9192 PINEHAVEN WAY ENGLEWOOD, FL 34224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director BATSEL, C. GUY 9192 Pinehaven way Englewood, FL 34224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Director Sheehan, Edward. 9146 Pinehaven way Englewood FL 34224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres - Director Burggraf, David 9242 Pinehaven way Englewood, FL 34224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Director Bekkering, Neil 9098 Pinehaven way Englewood FL 34224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer / Director Flynn, Robert 9106 Pinehaven way Englewood, FL 34224		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:  2/8/06 662-6237 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					