# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 13, 2007 8:00 am**
**Secretary of State**
02-13-2007 90009 012 ****61.25

DOCUMENT # N03424

1. Entity Name

SAND PEBBLE POINTE III CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2189 CLEVELAND STREET<br>SUITE 225<br>CLEARWATER FL 33765<br>US | 2189 CLEVELAND STREET<br>SUITE 225<br>CLEARWATER FL 33765<br>US |

1st MOORE CR2E037 (10/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2552045 ☐ 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 |
|---|---|
| LEIGHTON, LENNARD A.<br>2189 CLEVELAND ST<br>SUITE 225<br>CLEARWATER FL 33765 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2007**

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<br>NELSON, EUGENE<br>4550 BAY BLVD #1253<br>PORT RICHEY FL 34668 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>CRAIG, ALBERT III<br>4620 BAY BLVD, #1148<br>PORT RICHEY FL 34668 | ☒ Delete | D<br>BORNSTEIN, MELVIN<br>4550 BAY BLVD, #1238<br>PORT RICHEY, FL 34668 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | VPD<br>SACCHETTI, AUGUSTO<br>4550 BAY BLVD. #1241<br>PORT RICHEY FL 34668 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | STD<br>LANGE, MICHAEL<br>4550 BAY BLVD #1215<br>PORT RICHEY FL 34668 | ☐ Delete | TD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>FIKSE, JOHN<br>4550 BAY BLVD #1248<br>PORT RICHEY FL 34668 | ☐ Delete | SD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Eugene Nelson 2/1/07 727-844-7024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #