

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90024 001 \*\*\*456.25

**DOCUMENT # N05000006155**

1. Entity Name

THE RESIDENCES AT SANDPEARL RESORT OWNER'S  
ASSOCIATION, INC.



Principal Place of Business

2201 FOURTH ST N STE 200  
ST PETERSBURG, FL 33704

Mailing Address

2201 FOURTH ST N STE 200  
ST PETERSBURG, FL 33704

**66003234**



01082007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4487350

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CHEEZEM, J. MICHAEL  
2201 FOURTH ST N STE 200  
ST PETERSBURG, FL 33704

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME COOPER, GAIL M  
STREET ADDRESS 2201 FOURTH ST N STE 200  
CITY-ST-ZIP ST PETERSBURG, FL 33704

TITLE VSD  
NAME BEAUMONT, SANDRA D  
STREET ADDRESS 2201 FOURTH ST N STE 200  
CITY-ST-ZIP ST PETERSBURG, FL 33704

TITLE TD  
NAME ALLEN, ROBERT L  
STREET ADDRESS 2201 FOURTH ST N STE 200  
CITY-ST-ZIP ST PETERSBURG, FL 33704

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07

Date

(727) 823-0022

Daytime Phone #