


**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90010 012 \*\*\*\*61.25

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N05000011191</b>					
1. Entity Name <b>SANDS AREA NEIGHBORHOOD ASSOCIATION INCORPORATED</b>					
Principal Place of Business <b>2808 SW 45TH STREET CAPE CORAL, FL 33914</b>		Mailing Address <b>2808 SW 45TH STREET CAPE CORAL, FL 33914</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>16-1739514</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SCHNEIDER, ELLEN R 2808 SW 45TH STREET CAPE CORAL, FL 33914</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNEIDER, HERBERT K		NAME	CAFFIN IRA M.	
STREET ADDRESS	2808 SW 45TH STREET		STREET ADDRESS	4222 SW 26TH AVENUE	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OWEN, DAVID B		NAME	GALANTER, LAWRENCE	
STREET ADDRESS	2809 SW 45TH STREET		STREET ADDRESS	4413 SW 26TH COURT	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	DIR	<input type="checkbox"/> Delete	TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROSNAK, SUZANNE M		NAME	HAHN NICHOLAS T.	
STREET ADDRESS	2633 SW 43RD TERRACE		STREET ADDRESS	2830 SW 43RD STREET	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	DIR	<input type="checkbox"/> Delete	TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAHN, CAROL A		NAME	SCHNEIDER, ELLEN R.	
STREET ADDRESS	2830 SW 43RD STREET		STREET ADDRESS	2808 SW 45TH STREET	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	DIR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMANESCU, ROBERT J		NAME		
STREET ADDRESS	2805 SW 45TH STREET		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	DIR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAFFIN, JOAN V		NAME		
STREET ADDRESS	4222 SW 26TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
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: <u>Herbert K. Schneider</u> <u>3/7/06</u> <u>239-540-3221</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					