



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

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N07459 1. Entity Name SANDSPUR HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 5075 LEEWARD DRIVE PENSACOLA, FL 32507		Mailing Address 5075 LEEWARD DRIVE PENSACOLA, FL 32507	
DO NOT WRITE IN THIS SPACE			
		02062007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TERRY, WANDA L 5055 LEEWARD DR. PENSACOLA, FL 32507		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000629468 02/19/07-80002-008 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERRY, ROSS R 5055 LEEWARD DR. PENSACOLA, FL 32507		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEATHERHEAD, ROLAND 5069 LEEWARD DR. PENSACOLA, FL 32507		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS 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: <i>Wanda L. Terry</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>2-6-07</i> 850 Daytime Phone <i>492-8005</i>	