



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90053 018 \*\*\*\*61.25

<b>DOCUMENT # N07638</b> 1. Entity Name <b>SANDERLING PROPERTY OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O STODDARD</b> <b>2260 SANDERLING LANE</b> <b>VERO BEACH, FL 32963</b> <b>US</b>			Mailing Address <b>C/O STODDARD</b> <b>2260 SANDERLING LANE</b> <b>VERO BEACH, FL 32963</b> <b>US</b>		
2. Principal Place of Business <b>C/O PAUL McDONALD</b> Suite, Apt. #, etc. <b>2345 SANDERLING LANE</b> City & State <b>VERO BEACH, FL</b> Zip <b>32963</b> Country <b>USA</b>		3. Mailing Address <b>C/O PAUL McDONALD</b> Suite, Apt. #, etc. <b>2345 SANDERLING LANE</b> City & State <b>VERO BEACH, FL</b> Zip <b>32963</b> Country <b>USA</b>			
01292004    Chg-NP    CR2E037 (10/03)				4. FEI Number <b>59-2592950</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>STODDARD, TRICIA</b> <b>2260 SANDERLING LANE</b> <b>VERO BEACH, FL 32963</b>	
7. Name and Address of New Registered Agent Name <b>C/O PAUL McDONALD</b> Street Address (P.O. Box Number is Not Acceptable) <b>2345 SANDERLING LANE</b> City <b>VERO BEACH</b> <b>FL</b> Zip Code <b>32963</b>				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 <u><i>Paul M. Macdonald</i></u> DATE <u><i>Jan 29, 2004</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</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</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PP</b> <b>MC DONALD, PAUL</b> <b>2345 SAN DERLING LANE</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEIGHTON, AMANDO</b> <b>520 POWCIANN DR</b> <b>FT. LAUDERDALE, FL 33101</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>ROUNDTREE, MARY J</b> <b>2270 JANOBLINE LANE</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Delete	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	
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	
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 exemption stated in Section 119.07(3)(i), 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><i>Paul M. Macdonald</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>Jan 29, 2004</i></u> Daytime Phone # _____		