


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N10928

1. Entity Name
SANDY PINE DRIVE PROPERTY OWNER'S
ASSOCIATION, INC.



Principal Place of Business Mailing Address

2200 DANABEL DRIVE 22130 MALONE AVENUE
PUNTA GORDA, FL 33982 US PORT CHARLOTTE, FL 33952 US



07162006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0119670 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOX, JAMES C
2200 DANABEL DRIVE
PUNTA GORDA, FL 33982

**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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEN, LIAN C 2300 SANDY PINE DRIVE, PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIVENS, ANDREA DR ONE MANDERSHAW LANE PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAFRON, ELWOOD P 2323 SANDY PINE DRIVE PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOFF, WAYNE P.O. BOX 511235 PUNTA GORDA, FL 339571235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/06-80022-002 61.25

**DO NOT WRITE
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 fees empowered.

SIGNATURE: Elwood P. Safron 1/17/06 941-575-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #