

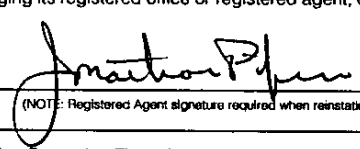


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90088 028 ****61.25

DOCUMENT # N10954 1. Entity Name SANDY PINES MASTER ASSOCIATION, INC.					
Principal Place of Business 2112 SPRING CREEK CIR NE PALM BAY, FL 32905 US			Mailing Address POB 61140 PALM BAY, FL 32906		
2. Principal Place of Business - No P.O. Box # 2112 SPRING CREEK CIR		Mailing Address PO BOX 61140			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01032007 Chg-NP CR2E037 (12/06)	
City & State PALM BAY, FL 32905		City & State PALM BAY, FL		4. FEI Number 59-2814163	
Zip 32905		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIPER, JONATHAN PRES 2112 SPRING CREEK CIR NE PALM BAY, FL 32905		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 JONATHAN PIPER <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		3/20/07 <small>DATE</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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLARK, JOHN 2120 N E REDWOOD CIR PALM BAY, FL 32905	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ELLIOT CASTEN 2326 HIDDEN PINE LN. NE PALM BAY, FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ACQUAVIVA, CARL 1555 N E PORT MALABAR RD PALM BAY, FL 32905	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHELBY HERNELY 951 WATEROAK DR NE PALM BAY, FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLSZEWSKI, ROBERT 1978 N E SUGARBERRY CT PALM BAY, FL 32905	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERRY GOODRICH 2129 SPRING CREEK CIR NE PALM BAY, FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PIPER, JON 2112 SPRING CREEK CIR NE PALM BAY, FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FEDOR, RALPH 2165 REDWOOD CIR NE PALM BAY, FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			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: JONATHAN PIPER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/20/07 321-724-0354 <small>Date Daytime Phone #</small>		