

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10954

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** SANDY PINES MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

1087 PINE CREEK CIR. NE  
PALM BAY, FL 32905 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 61140  
PALM BAY, FL 32906

**New Mailing Address:**

**FEI Number:** 59-2814163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENDERSON, WILLIAM PRES  
1087 PINE CREEK CIR. NE  
PALM BAY, FL 32905 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HENDERSON, WILLIAM  
Address: 1087 PINE CREEK CIR. NE  
City-St-Zip: PALM BAY, FL 32905

Title: DS  
Name: HERNELY, SHELBY  
Address: 951 WATEROAK DR. NE  
City-St-Zip: PALM BAY, FL 32905

Title: D  
Name: CASTELLANO, LOU  
Address: 2496 HIDDEN PINES LN.  
City-St-Zip: PALM BAY, FL 32905

Title: DVP  
Name: FREEMAN, DON  
Address: 2128 SPRING CREEK CIR.  
City-St-Zip: PALM BAY, FL 32905

Title: DT  
Name: FODOR, RALPH  
Address: 2165 REDWOOD CIR. NE  
City-St-Zip: PALM BAY, FL 32905

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RALPH FODOR

DT

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date