

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15972

FILED
Jan 15, 2008
Secretary of State

Entity Name: SANDY POINT MASTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O WILLIAMS PROPERTIES, INC.
1694 TRIMBLE RD.
MELBOURNE, FL 32934 US

Current Mailing Address:

C/O WILLIAMS PROPERTIES, INC.
1694 TRIMBLE RD.
MELBOURNE, FL 32934 US

New Principal Place of Business:

C/O WILLIAMS PROPERTY MANAGEMENT, INC.
1694 TRIMBLE RD.
MELBOURNE, FL 32934 US

New Mailing Address:

C/O WILLIAMS PROPERTY MANAGEMENT, INC.
1694 TRIMBLE RD.
MELBOURNE, FL 32934 US

FEI Number: 59-2700194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS PROPERTIES, INC.
1694 TRIMBLE ROAD
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

WILLIAMS PROPERTY MANAGEMENT, INC.
1694 TRIMBLE ROAD
MELBOURNE, FL 32934 US

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: ROBERT WILLIAMS

01/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUNDEN, KAREN
Address: 148 WINDWARD WAY
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: DS () Delete
Name: PHELPS, FRIDE
Address: 505 TRADEWINDS DR
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: DT () Delete
Name: MCGURK, ED
Address: 204 WATERBURY LANE
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LUNDEN, KAREN
Address: 1694 TRIMBLE RD.
City-St-Zip: MELBOURNE, FL 32934

Title: DS (X) Change () Addition
Name: PHELPS, FRIDE
Address: 1694 TRIMBLE RD.
City-St-Zip: MELBOURNE, FL 32934

Title: DT (X) Change () Addition
Name: MCGURK, ED
Address: 1694 TRIMBLE RD.
City-St-Zip: MELBOURNE, FL 32934

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ED MCGURK

DT

01/15/2008

Electronic Signature of Signing Officer or Director

Date