


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N23127 1. Entry Name SANDHAMN OWNERS ASSOCIATION, INC.	
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Principal Place of Business 5362 SANDHAMN PL LONGBOT KEY, FL 34228 US	Mailing Address 5342 SANDHAMN PLACE LONGBOT KEY, FL 34228 US
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01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0239018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARBARA, PAPPAS 5342 SANDHAMN PLACE LONGBOT KEY, FL 34228
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**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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 PERLMAN, RICHARD 5412 SANDHAMN PLACE LONGBOT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BARBARA, PAPPAS E 5342 SANDHAMN PLACE LONGBOT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROSEMARY, BERTELSEN 5382 SANDHAMN PLACE LONGBOT KEY, FL 34228
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000005193
01/15/04-80042-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barbara E. Pappas Barbara E. Pappas 1-9-04 387-9708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date Daytime Phone #