

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90035 031 ****61.25

DOCUMENT # N28284

1. Entity Name
SANDRIFT PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
PO BOX 194
% ASSN MGMT
CAPTIVA ISLAND, FL 33924 US

Mailing Address
PO BOX 194
% ASSN MGMT
CAPTIVA ISLAND, FL 33924 US

50009870



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072006

Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0106274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTH SEAS PLANTATION RESORT
13000 CAPTIVA RD
% ASSN MGMT
CAPTIVA ISLAND, FL 33924**

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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
D
DEDOUVRE, JEAN
PO BOX 685
CAPTIVA, FL 33924 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST DeDOUVRE, JEAN
PO BOX 685
CAPTIVA FL 33924 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WATT, DAVID DR.
1750 HICKORY LANE
WHEATON, IL 60187 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP WATT, DAVID DR
1750 HICKORY LN
WHEATON, FL 60187 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERENZ, CLINT
610 HOLLY HILL DRIVE
BRIELLE, NJ 08730 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SPD FERENZ, CLINT DR
610 Holly Hill Dr
BRIELLE, NJ 08730 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/05/06

Date

239-472-7508

Daytime Phone #