2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29991

FILED Apr 09, 2005 Secretary of State

Entity Name: SAND PINES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O.BOX 2642

WINDERMERE, FL 347862642 US

Current Mailing Address: New Mailing Address:

P.O.BOX 2642

WINDERMERE, FL 347862642 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

VARTMANN, JAMES

6009 SAND PINES ESTATES BLVD

ORLANDO, FL 32819 US

MELANDER, ANDREA
6217 DOWDY COURT
ORLANDO, FL 32819 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: ANDREA R. MELANDER 04/09/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change() Addition

 Name:
 VARTMANN, JAMES
 Name:
 SCHON, RICHARD

 Address:
 6009 SAND PINES ESTATES BLVD
 Address:
 7551 MEGAN ELISSA LN

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 ORLANDO, FL 32819

Title: VD () Delete Title: () Change () Addition

 Name:
 GERAGHTY, TOM
 Name:

 Address:
 6040 SAND PINES ESTATES BLVD
 Address:

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 STETTER, KELLY
 Name:
 MELANDER, ANDREA

 Address:
 6072 SAND PINE ESTATES BLVD
 Address:
 6217 DOWDY COURT

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 ORLANDO, FL 32819

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 PASSMAN, PAULA
 Name:
 MELANDER, ANDREA

 Address:
 6064 SAND PINE ESTATES BLVD
 Address:
 6217 DOWDY COURT

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANDREA R. MELANDER TD 04/09/2005