2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N30961

1. Entity Name SANDSPUR COMPOUND HOMEOWNERS' ASSOCIATION, INC.

FILED Apr 03, 2006 08:00 AM Secretary of State

Principal Place of Business

3255 DUCK AVE

KEY WEST, FL 33040 US

DO NOT WRITE IN THIS SPACE

Mailing Address 3255 DUCK AVE

KEY WEST, FL 33040 US



01252006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 65-0271340

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNBAR, FRANCIS G 3255 DUCK AVENUE #3

DO NOT WRITE

KEY WEST, FL 33040			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 regulated when reinstating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000491064 04/19/06-80006-824 61. 25
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANTALINI, BARBARA 3255 DUCK AVENUE 7 KEY WET, FL 33040	, ,			
TITLE NAME SIPEET ADDRESS GITY-ST-ZIP	P DUNBAR, FRANCIS G 3255 DUCK AVENUE 3 KEY WEST, FL 33040				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE WAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 eath, that I am an officer or director.					

indicated on this report or supplemental report is vice and accurate and that my signature shall have the same legal effect as it made under oath; that if an onicer or bisector of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 517, Fiorida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addition, with all other like empowered.

SIGNATURE

NAME OF SIGNING OFFICER OR D