


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90466 002 ****61.25

DOCUMENT # N36686 1. Entity Name SAND PEBBLE POINTE MASTER ASSOCIATION, INC.					
Principal Place of Business 4740 BAY BLVD PORT RICHEY, FL 34668 US			Mailing Address PO BOX 1407 NEW PORT RICHEY, FL 34656 US		
2. Principal Place of Business 6710 Embasdsy Blvd		3. Mailing Address PO Box 1407			
Suite, Apt. #, etc. Suite 204		Suite, Apt. #, etc.			
City & State Port Richey FL		City & State Port Richey FL		4. FEI Number 59-2999794	
Zip 34668		Country Pasco		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MYSZKOWIAK, MARY ANN 1123 S OSCEOLA DR. NEW PORT RICHEY, FL 34654		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6710 EMBASSY BLVD Suite 204 City Port Richey FL Zip Code 34668			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD AUSTIN, FRANK 8251 BRENT ST., #911 PORT RICHEY, FL 34668	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NELSON, GENE 4550 BAY BLVD #1253 PORT RICHEY, FL 34668	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FIKSE, JOHN 4550 BAY BLVD. #1248 PORT RICHEY, FL 34668	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GANTT, FRAN 8150 BRENT ST #738 PORT RICHEY, FL 34668	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HASHIM, CHRISTINE 4433 HARBORPOINTE DR. PORT RICHEY, FL 34668	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEDMAN, SID 8205 AQUILA ST PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peter Luciano 8230 Brent St. Port Richey FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 4/17/06 Daytime Phone # 727-859-973					