

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N37904**

1. Entity Name  
**SANDY'S ISLAND ESTATES OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**32 SANDY'S ISLAND CIRCLE  
ENGLEWOOD, FL 34223**

Mailing Address  
**32 SANDY'S ISLAND CIRCLE  
ENGLEWOOD, FL 34223**



03212005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0330601**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HANEWINCKEL, DEAN  
2800 PLACIDA RD., SUITE 110  
ENGLEWOOD, FL 34224**

**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 not first

NOTE: Registered Agent signature required when reappointing.

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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  
**D  
HARRIOTT, FREDERICK G.  
32 SANDY'S ISLAND CIRCLE  
ENGLEWOOD, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
EPLIN, HOWARD ALVIE, JR.  
72 SANDY'S ISLAND CIRCLE  
ENGLEWOOD, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
HARRIOTT, LORINA  
32 SANDY'S ISLAND CIRCLE  
ENGLEWOOD, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U00000278355  
03/28/05-80047-003 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)(i), 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 it 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: *L. G. Harriott* **LORENA HARRIOTT**

**APR. 24. 2005**

Date

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