2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED DOCUMENT # N37904 Feb 01, 2007 08:00 AM 1. Entity Name **Secretary of State** SANDY'S ISLAND ESTATES OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 32 SANDY'S ISLAND CIRCLE 32 SANDY'S ISLAND CIRCLE **ENGLEWOOD FL 34223** ENGLEWOOD FL 34223 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State City & State 4. FEl Number Applied For 65-0330601 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HANEWINCKEL, DEAN Street Address (P.O. Box Number is Not Acceptable) 2800 PLACIDA RD., SUITE 110 **ENGLEWOOD FL 34224** City 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, typod or printed name of registered agent and title 4 applicable (NOTE, Registered Agent signature required when ruinstating) DATE FILE NOW: FEE IS \$61,25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution, Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 HELE D ☐ Delete DITE ☐ Change NAMS HARRIOTT, FREDERICK G. NAME U000000615487 SHILL LADDRESS SIBILI JADDRESS 32 SANDY'S ISLAND CIRCLE 02/06/07-80074-008 61.25 CHY ST-ZIP CITY-ST-ZIP ENGLEWOOD FL IIILE Delete ☐ Change Addit. NAM EPLIN, HOWARD ALVIE, JR. NAME STREET ADDRESS STREET ADDRESS 72 SANDY'S ISLAND CIRCLE CITY SE-ZIP CITY ST 7IP ENGLEWOOD FL MILL ☐ Delete TITLE A.L. Change | NAM NAME HARRIOTT, LORINA STREET ADDRESS STREET J ADDRESS 32 SANDY'S ISLAND CIRCLE CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL ☐ Delete IHE ☐ Chance A.i.iii NAM NAM SHALL ADDRESS STREET ADDRESS CITY ST 70P CHY SE-ZIP 11111 ☐ Delete Addition. Change NAM NAMI STIPLI I ADDRESS STREET ADDRESS CITY SUZIP CITY ST-7IP HILLE □ Delete mill ☐ Change Adding NAME NAME SUBLITADORESS STREET ADDRESS CITY SI-71P CITY ST ZIP

12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

SIGNATURE:

SIGNATURE AND TYPEN OF DIRECTOR OF PURE TOP.