


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000000099	
1. Entity Name SANDY POINTE SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 590 HIGHWAY 559 AUBURNDALE, FL 33823	Mailing Address 590 HIGHWAY 559 AUBURNDALE, FL 33823
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DO NOT WRITE IN THIS SPACE



04202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3258683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FRED, WANDA
392 BAYBERRY DR.
POLK CITY, FL 33868**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-selling)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	05/03/05-80144-011 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEPHENS, BOYD D 590 HIGHWAY 559 AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STEPHENS, SANDRA 590 HIGHWAY 559 AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STEPHENS, JEFF 126 BAYBERRY DR POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRED, WANDA 392 BAYBERRY DR. POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: Jeffrey D. Stephens Jeffrey D. Stephens 4/28/05 863/984-4713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #