2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006
Secretary of State

DOCUMENT# N93000000099

Entity Name: SANDY POINTE SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

590 HIGHWAY 559
AUBURNDALE, FL 33823

New Principal Place of Business:

126 BAYBERRY DR
POLK CITY, FL 33868

Current Mailing Address:

590 HIGHWAY 559
AUBURNDALE, FL 33823

New Mailing Address:

126 BAYBERRY DR
POLK CITY, FL 33868

FEI Number: 59-3258683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: STEPHENS, BOYD D
Address: 590 HIGHWAY 559
City-St-Zip: AUBURNDALE, FL 33823

Title: DT ( ) Delete
Name: STEPHENS, SANDRA
Address: 590 HIGHWAY 559
City-St-Zip: AUBURNDALE, FL 33823

Title: DV ( ) Delete
Name: STEPHENS, JEFF
Address: 126 BAYBERRY DR
City-St-Zip: POLK CITY, FL 33868

Title: T ( ) Delete
Name: FRED, WANDA
Address: 392 BAYBERRY DR.
City-St-Zip: POLK CITY, FL 33868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: STEPHENS, BOYD D
Address: 590 STATE ROAD 559
City-St-Zip: AUBURNDALE, FL 33823

Title: DT (X) Change ( ) Addition
Name: STEPHENS, SANDRA
Address: 590 STATE ROAD 559
City-St-Zip: AUBURNDALE, FL 33823

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF STEPHENS DV 07/13/2006
Electronic Signature of Signing Officer or Director — Date