

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000099

FILED
Jan 11, 2008
Secretary of State

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

Current Principal Place of Business:

250 BAYBERRY DR
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

250 BAYBERRY DR
POLK CITY, FL 33868

New Mailing Address:

242 BAYBERRY DR
POLK CITY, FL 33868

FEI Number: 59-3258683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: PRES () Delete
Name: WOLOVICH, THEODORE
Address: 250 BAYBERRY DRIVE
City-St-Zip: POLK CITY, FL 33868

Title: DT () Delete
Name: STEPHENS, SANDRA
Address: 590 STATE ROAD 559
City-St-Zip: AUBURNDAL, FL 33823

Title: VICE () Delete
Name: CARRIER, CORLEEN
Address: 265 BAYBERRY DRIVE
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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 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: WANDA FRED

T

01/11/2008

Electronic Signature of Signing Officer or Director

Date