

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90361 045 ****61.25

DOCUMENT # N97000006305

1. Entity Name
**SANDY PINES PRESERVE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**PO BOX 60058
PALM BAY, FL 32906-0058 US**

Mailing Address
**PO BOX 60058
PALM BAY, FL 32906-0058 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03252006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3484643

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PROROP, VICTORIA
582 HWY A1A
SATELLITE BEACH, FL 32937**

Name **ELLIOT CASTEN**

Street Address (P.O. Box Number is Not Acceptable)
2326 HIDDEN PINE LANE

City **PALM BAY, FL**

Zip Code **32905**

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 *Elliot Casten* **PRESIDENT SPPHDA 142** 3/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DANIELS, IRMA**
CITY-ST-ZIP **2425 PINE CREEK CIR NE
PALM BAY, FL 32905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **BROWN, THOMAS**
CITY-ST-ZIP **2334 HIDDEN PINE LANE
PALM BAY, FL 32905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **CASTEN, ELLIOT**
CITY-ST-ZIP **P.O. BOX 61735
PALM BAY, FL 32906**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **MATTHEWS, JOHN**
CITY-ST-ZIP **934 PINE CREEK CIRCLE
PALM BAY, FL 32905**

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **HENDERSON, WILLIAM G**
CITY-ST-ZIP **1087 PINE CREEK CIRCLE
PALM BAY, FL 32905**

TITLE ☒ Change ☐ Addition
NAME **TID**
STREET ADDRESS **HEADERSO, WILLIAM G.**
CITY-ST-ZIP **1087 PINE CREEK CIRCLE
PALM BAY, FL 32905**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MCKIFF, EDWIN**
CITY-ST-ZIP **2319 WHITE SANDS CT
PALM BAY, FL 32905**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **CASTELLANO, LOUIS**
CITY-ST-ZIP **2426 HIDDEN PINE LANE
PALM BAY, FL 32905**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **TYSON, GORDON**
CITY-ST-ZIP **1032 PINE CREEK CIRCLE
PALM BAY, FL 32905**

TITLE ☐ Change ☒ Addition
NAME **SID**
STREET ADDRESS **JOHNSON, TUNE**
CITY-ST-ZIP **1060 PINE CREEK CIRCLE
PALM BAY, FL 32905**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *William G Henderson* **TREASURER** 3/27/06 321-726-9956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #