2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000006305

1. Entity Name



FILED Apr 14, 2008 8:00 am Secretary of State

04-14-2008 90054 036 ****61.25

SANDY PINES PRESERVE HOMEOWNERS ASSOCIATION, INC.									
2300 SANDY PINES DR P		Mailing Address PO BOX 60058 PALM BAY, FL 32906-0			40005203				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		}		HIJ INSHI SUKE NUH USI	II asiii 101:0 0 1:20 (ii	II soie i b ai	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04012008	Chg-NP	CR2E037 (1	2/06)	
City & State		City & State			4. FEI Number Applied For 59-3484643 Not Applicable				
Zip	Country	Zip	Country		5. Certificate of			75 Addit Required	tional
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Agen	t	
CASTEN-ELLIOT			Name	4EN	DERSON	J. W. Cl	Am		
2326 HIDD	DEN PINE LANE 7, FL 32905		Street A	ddress (P	O. Box Number	is Not Acceptable	CIRC	LE	-
PALIVI DA I	1, FL 32903								
			City	MM	1341		FL 2	Zip Code	5
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 Storeture, hoped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
		<u> </u>				<u> </u>			
	Filing Fee is \$61.25	9. Election Carr	9. Election Campaign Financing Trust Fund Contribution.			M	lake check pay	vable to	
	Due by May 1, 2008	Trust Fund C			\$5.00 May Be Added to Fees	Flor	ida Departmer		
10.	OFFICERS AND DIF	RECTORS	ontribution.	<u></u>	Added to Fees	Flor	ida Departmen	nt of Sta	10
10.			contribution.	<u></u>	Added to Fees		ida Departmen	nt of Sta	ite .
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12. I hereby certify that the information supplied with this filling 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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