





2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-09-2007 90020 029 ****61.25

DOCUMENT # 747273					
1. Entity Name SANDPIPER VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12273 US HWY 98 STE 208 DESTIN, FL 32550 US		Mailing Address 12273 US HWY 98 STE 208 DESTIN, FL 32550 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1750945	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For Not Applicable		01092007 Chg-NP CR2E037 (12/06)			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SUNCOAST ASSOCIATION MANAGEMENT 12273 US HWY 98 STE 208 DESTIN, FL 32550				Name: Jim Starnes Street Address (P.O. Box Number is Not Accepted): 12273 U.S. Hwy 98, Suite 208 City: Destin FL Zip Code: 32550	
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: 2/26/07	
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P	Delete <input type="checkbox"/>		TITLE	V
NAME	FRANKLIN, J.L.			NAME	Roy merkley
STREET ADDRESS	945 SANDPIPER DR			STREET ADDRESS	P.O. Box 268
CITY-ST-ZIP	DESTIN, FL 32550			CITY-ST-ZIP	Grand Bend Ontario, CA NDM1T0
TITLE	ST	Delete <input checked="" type="checkbox"/>		TITLE	ST
NAME	LUCKING, CINDY			NAME	Joanna Marty
STREET ADDRESS	819 ASHLAND AVE			STREET ADDRESS	39W 320 Armstrong Lane
CITY-ST-ZIP	WILMETTE, IL 60091			CITY-ST-ZIP	Geneva, IL 60134
TITLE	D	Delete <input checked="" type="checkbox"/>		TITLE	D
NAME	COCKS, ANDREW			NAME	Jim Lynch
STREET ADDRESS	1477 BAYTOWNE AVE N			STREET ADDRESS	4 Edgewood Dr.
CITY-ST-ZIP	DESTIN, FL 32550			CITY-ST-ZIP	Winchester, KY 40391
TITLE	S	Delete <input checked="" type="checkbox"/>		TITLE	D
NAME	COLANTUANO, JAE			NAME	Marvin Morgan
STREET ADDRESS	12824 SAGAMORE ROAD			STREET ADDRESS	1325 FM 2181
CITY-ST-ZIP	LEAWOOD, KS 66209			CITY-ST-ZIP	Corinth, TX 76210
TITLE	D	Delete <input checked="" type="checkbox"/>		TITLE	D
NAME	BROWING, HARRY H			NAME	JOE Colantuano
STREET ADDRESS	3149 BRIDGESTONE CT			STREET ADDRESS	12824 Sagamore Rd
CITY-ST-ZIP	CINCINNATI, OH 45248			CITY-ST-ZIP	leawood, KS 66209
TITLE	D	Delete <input type="checkbox"/>		TITLE	
NAME	GRIMES, GEORGE			NAME	
STREET ADDRESS	5329 CLAIRIDGE SQUARE			STREET ADDRESS	
CITY-ST-ZIP	DUNGDODY, GA 30338			CITY-ST-ZIP	
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 is attached with an address, with all other like empowered.					
SIGNATURE: 				DATE: 2/5/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	
				Daytime Phone #	