


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-14-2008 90112 044 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01032008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1750945 Applied For
 Not Applicable

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




6. Name and Address of Current Registered Agent

STARNES, JIM
 12273 US HWY 98
 STE 208
 DESTIN, FL 32550

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 **1-11-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FRANKLIN, J.L.	
STREET ADDRESS	945 SANDPIPER DR	
CITY-ST-ZIP	DESTIN, FL 32550	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MERKLEY, ROY	
STREET ADDRESS	PO BOX 268	
CITY-ST-ZIP	BRAND BEND ONTARIO, CA, nomito	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARTY, JOANNE	
STREET ADDRESS	39 W 320 ARMSTRONG LANE	
CITY-ST-ZIP	GENEVA, IL 60134	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYNCH, JOM	
STREET ADDRESS	4 RIDGEWOOD DR	
CITY-ST-ZIP	WINCHESTER, KY 40391	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORGAN, MARVIN	
STREET ADDRESS	1325 FM 2181	
CITY-ST-ZIP	CORINTH, TX 76210	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMES, GEORGE	
STREET ADDRESS	5329 CLAIRIDGE SQUARE	
CITY-ST-ZIP	DUNGDODY, GA 30338	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Lynch	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President	
STREET ADDRESS		
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 on an attachment with an address, with another like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____