2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

FILED DOCUMENT # 761216 Mar 13, 2000 8:00 am 1. Entity Name **Secretary of State** SANDPIPER TOWERS CONDOMINIUM ASSOCIATION, INC. 03-13-2000 90047 031 ****61.25 Principal Place of Business Mailing Address 205 A-1-A S. PATRICK SHORES 205 A-1-A S. PATRICK SHORES SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2234340 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, HERBERT J 205 A1A #309 SATELLITE BEACH FL 32937 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ■ Addition Delete ☐ Change ۷D TITLE TITLE NAME PELLITERI, LOUIS NAME STREET ADDRESS STREET ADDRESS 205 A1A #403 CITY-ST-ZIP CITY-ST-ZIP SATELLITE BCH. FL 32937 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STROMME, LESTER STREET ADDRESS STREET ADDRESS 205 A1A CITY-ST-ZIP CITY-ST-ZIP SATELLITE BCH FL ☐ Change ☐ Addition TITI F Delete TITLE NAME KENDALL, CAROLYN NAME STREET ADDRESS STREET ADDRESS 205 A-1-A #212 CITY-ST-7IP CITY-ST-ZIP SATELLITE BCH. FL Change PHErschel Tanner Addition Delete TITLE NAME NAME REGISTER, JAMES STREET ADDRESS STREET ADDRESS 1620 EASY ST **32** CITY-ST-ZIP CITY-ST-7IP Kissimmee fl ☐ Delete TITLE NAME BARBER, ELLIOTT STREET ADDRESS STREET ADDRESS 1912 BISCAYNE DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete ☐ Change Addition TITLE NAME SMITH, HERBERT NAME STREET ADDRESS STREET ADDRESS 205 A-1-A #309 CITY-ST-ZIP CITY-ST-ZIP SATELLITE BCH. FL 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Davtime Phone #