


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90004 026 \*\*\*\*61.25

<b>DOCUMENT # 761216</b>					
1. Entity Name <b>SANDPIPER TOWERS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 205 A-1-A S. PATRICK SHORES SATELLITE BEACH, FL 32937			Mailing Address 205 A-1-A S. PATRICK SHORES SATELLITE BEACH, FL 32937		
2. Principal Place of Business		3. Mailing Address		02242004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite (Apt. #, etc.) <b>212</b>		4. FEI Number <b>59-2234340</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PELLITTERI, LOUIS J 205 A1A #403 SATELLITE BEACH, FL 32937</b>			7. Name and Address of New Registered Agent Name: <b>Georgia Garrett</b> Street Address (P.O. Box Number is Not Acceptable): <b>205 A1A #303</b> City: <b>Satellite Beach FL</b> Zip Code: <b>32937</b>		
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: <b>Georgia Garrett</b> (Signature, typed or printed name of registered agent and title if applicable.) DATE: <b>Georgia J. Garrett 2-26-04</b> (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD PELLITTERI, LOUIS 205 A1A #403 SATELLITE BCH., FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEKS, CLIFFORD 205 A1A SATELLITE BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENDALL, CAROLYN 205 A-1-A #212 SATELLITE BCH., FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARRET, GEORGIA 205 A1A #303 SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHUMARD, JO 408 TURKEY RUN WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pete TANNER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 205 A1A #609 Satellite Beach, FL 32937		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSWELL, ALBIN 205 A1A #212 SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martha Preschel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 205 A1A #209 Satellite Beach, FL 32937		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Georgia J. Garrett</b> Date: <b>2-26-04</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

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