


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90084 001 \*\*\*\*61.25

**DOCUMENT # 761216**

1. Entity Name  
**SANDPIPER TOWERS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**205 A-1-A S. PATRICK SHORES  
 SATELLITE BEACH, FL 32937**

Mailing Address  
**205 A-1-A S. PATRICK SHORES  
 212  
 SATELLITE BEACH, FL 32937**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03162005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2234340**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GARRETT, GEORGIA  
 205 A1A #303  
 SATELLITE BEACH, FL 32937**

7. Name and Address of New Registered Agent  
 Name **Barbara Subzak**  
 Street Address (P.O. Box Number is Not Acceptable)  
**205 A1A #612**  
 City **Satellite Beach** FL Zip Code **32937**

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 *Barbara J. Sobzak* **Barbara J Sobzak** 3/17/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**\*10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLITERI, LOUIS 205 A1A #403 SATELLITE BCH., FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEEKS, CLIFFORD 205 A1A SATELLITE BCH, FL	<input checked="" type="checkbox"/> Delete
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	PD GARRET, GEORGIA 205 A1A #303 SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TANNER, PETE 205 A1A #609 SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIESCHEL, MARTHA 205 A1A #209 SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D Barbara Subzak 205 A1A #612 Satellite Beach FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Foy 4235 Charity Neck Rd Virginia Beach, FL 23457	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D Dan Townsend 205 A1A #409 Satellite Beach FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D Albin Buswell 205 A1A #312 Satellite Beach FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard A Goney 3357 N Shore Ave Hadley NY 12835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara J. Sobzak* **Barbara J Sobzak** 3/17/05  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

321-773-7344