


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90152 032 \*\*\*\*61.25

<b>DOCUMENT # 761216</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2234340	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SUBZAK, BARBARA 205 A1A #612 SATELLITE BEACH, FL 32937			Name: Georgia Garrett Street Address (P.O. Box Number is Not Acceptable): 205 A1A # 303 City: Satellite Beach City: 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: Georgia Garrett		Georgia Garrett		3-6-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUBZAK, BARBARA		NAME	Georgia Garrett	
STREET ADDRESS	205 A1A #612		STREET ADDRESS	205 A1A # 303	
CITY-ST-ZIP	SATELLITE BCH., FL 32937		CITY-ST-ZIP	Satellite Beach FL 32937	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, CHARLES		NAME	Michael Aring	
STREET ADDRESS	4235 CHARITY NECK RD		STREET ADDRESS	10095 Brandon Circle	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23457		CITY-ST-ZIP	Orlando, FL 32836	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDALL, CAROLYN		NAME		
STREET ADDRESS	205 A-1-A #212		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BCH., FL		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNSEND, DAN		NAME	Michael Johnson	
STREET ADDRESS	205 A1A #409		STREET ADDRESS	2321 Homewood	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP	Orlando, FL 32809	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSWELL, ALBIN		NAME	Elliott Barber	
STREET ADDRESS	205 A1A #312		STREET ADDRESS	1912 Biscayne Dr	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP	Orlando, FL 32804	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGONEY, RICHARD		NAME	Megan Judd	
STREET ADDRESS	3357 N SHORE AVE		STREET ADDRESS	2903 Timberlake Tr	
CITY-ST-ZIP	HADLEY, NY 12835		CITY-ST-ZIP	Orlando, FL 32806	
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 all other like empowered.					
SIGNATURE: Georgia Garrett		Georgia Garrett		3-6-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	