

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90126 040 \*\*\*\*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  
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

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SMITH, HERBERT J  
205 A1A #309  
SATELLITE BEACH FL 32937**

7. Name and Address of New Registered Agent

Name: **Louis J Pellitteri**

Street Address (P.O. Box Number is Not Acceptable)  
**205 A1A, # 403**

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

*Louis J Pellitteri*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-17-2003**

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PELLITERI, LOUIS</b>	
STREET ADDRESS	<b>205 A1A #403</b>	
CITY-ST-ZIP	<b>SATELLITE BCH. FL 32937</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WEEKS, CLIFFORD</b>	
STREET ADDRESS	<b>205 A1A</b>	
CITY-ST-ZIP	<b>SATELLITE BCH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>KENDALL, CAROLYN</b>	
STREET ADDRESS	<b>205 A-1-A #212</b>	
CITY-ST-ZIP	<b>SATELLITE BCH. FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARRET, GEORGIA</b>	
STREET ADDRESS	<b>205 A1A #303</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL 32937</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HEWATT, JEANNE</b>	
STREET ADDRESS	<b>205 A1A #612</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL 32937</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, HERBERT</b>	
STREET ADDRESS	<b>205 A-1-A #309</b>	
CITY-ST-ZIP	<b>SATELLITE BCH. FL</b>	

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>President, Director</b>	
STREET ADDRESS	<b>205 A1A # 403</b>	
CITY-ST-ZIP	<b>Satellite Beach, FL 32937</b>	
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	<b>VD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vice President</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jo Shumard Treasurer</b>	
STREET ADDRESS	<b>408 Turkey Run</b>	
CITY-ST-ZIP	<b>Winter Park FL 32789</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Albin Byswell</b>	
STREET ADDRESS	<b>205 A1A # 212</b>	
CITY-ST-ZIP	<b>Satellite Beach, FL 32937</b>	

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: *Louis J Pellitteri*

**3/17/03**

CR2E037 (10/02)