

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. McRham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03388** (8)

1. Corporation Name

SANDPIPER WOODS TOWNHOMES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O SUNVEST MANAGEMENT SERVICE CORP.
1100 SOUTH STATE RD SEVEN, STE 100
MARGATE FL 33068

C/O SUNVEST MANAGEMENT SERVICE CORP.
1100 SOUTH STATE RD SEVEN, STE 100
MARGATE FL 33068

3. Date Incorporated or Qualified
06/01/1984

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 **Sunvest Management, Inc.**

26 **Sunvest Management, Inc.**

4. FEI Number

59-2472233

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **441 S. State Road Seven**

27 **441 S. State Rd. Seven, Ste #4**

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

City & State

Ste #4

City & State

Margate, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

23 **Margate**

Florida

28 **Margate, FL**

Zip

33068

Country

Broward

24 **33068**

25 **Broward**

29 **33063**

30 **Broward**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUNVEST MANAGEMENT SERVICE CORPORATION
1100 SOUTH STATE ROAD SEVEN, SUITE 100
MARGATE FL 33068**

81 Name

Sunvest Management, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

441 S. State Road Seven, Ste #4

83

84 City

Margate

FL

85 Zip Code
33068

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Harold B. Hyman

HAROLD B. HYMAN

4-11-96

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	VANCE, MARGARET	
STREET ADDRESS	440 SE 11 TERRACE	
CITY-ST-ZIP	DANIA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CORRIGAN, CLAUDIA	
STREET ADDRESS	452 SE 14 ST	
CITY-ST-ZIP	DANIA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ORINKAWITZ, MIRIAM	
STREET ADDRESS	470 SE 11 TERRACE	
CITY-ST-ZIP	DANIA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DALTON, LARRY	
STREET ADDRESS	477 SE 14 ST	
CITY-ST-ZIP	DANIA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YUILL, JOAN	
STREET ADDRESS	436 SE 11 TERRACE	
CITY-ST-ZIP	DANIA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PAOLINI, CHRIS	
STREET ADDRESS	5309 NW 66 AVE	
CITY-ST-ZIP	LAUDERHILL FL	

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VANCE, MARGARET	
1.3 STREET ADDRESS	440 SE 11 Terrace	
1.4 CITY-ST-ZIP	Dania, FL	
2.1 TITLE	Pd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CORRIGAN, CLAUDIA	
2.3 STREET ADDRESS	452 S.E. 14 Street	
2.4 CITY-ST-ZIP	Dania, FL	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DALTON, LARRY	
3.3 STREET ADDRESS	477 SE 14 Street	
3.4 CITY-ST-ZIP	Dania, FL	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PAOLINI, CHRIS	
4.3 STREET ADDRESS	5309 NW 66 Ave	
4.4 CITY-ST-ZIP	Lauderhill, FL	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DUNN, TERRI	
5.3 STREET ADDRESS	450 SE 14 Street	
5.4 CITY-ST-ZIP	Dania, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Claudia Corrigan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96
Date

564-5112
Daytime Phone #

CP2E037 (12/95)