NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90055 033 ****61.25

DOCUMENT # N03388

1. Corporation Name

SANDPIPER WOODS TOWNHOMES ASSOCIATION, INC.

Principal Place of Busines	S\$
PHOENIX MANAGEMENT	
541 S ST RD 7 #12	
MARGATE FL 33068	
US	

Mailing Address

PHOENIX MANAGEMENT 541 S STATE RD 7 #12 MARGATE FL 33068



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Ь.	Principal Place of Business	\vdash	Mailing Address					Date Incorporated or Qualifed 06/01/1984				tut _
21	and an experience of the contract of the contr	26	<u>, </u>									
Г	Suite, Apt. #, etc.	1	Suite, Apt. #, etc.					FEI Number		·L	App	lied For
22	•	27						59-2472233			Not	Applicable
	City & State	E	City & State			•	5.	Certificate of Status Desired]		75 Ac	dditional juired
23		28			 -	 	_			*	- 00	
ĺ	Zip Country		Zip	Cou	ıntry	1	6.	Election Campaign Financing	1	•		∕lay Be
24	25	29		30				Trust Fund Contribution		A	ided to	Fees
	9. Name and Address of Current F	10. Name and Address of New Registered Agent										
37, Raille and Address of Corrett Registered Agent												
Name of the state						Italiio	Italio					
1						c /D	O Boy Number is Not Acceptable	i .				
					2 Street Address (P.O. Box Number is Not Acceptable)							
541 S STATE RD 7 #12												
MARGATE FL 33068												
					City				85	Zip C	ode	
ł				•	""	City			FL	"		
1				•	1 1	1						

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature n	equired when reinstating) DATE		Ì
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS	S IN 12
TITLE	D Z DELETE	1.1 TITLE		Change	Addition
NAME	HURTEAU, MARGARET	1.2 NAME	WALDORF RESIGN		.
STREET ADDRESS	459 SE 14TH ST	1.3 STREET ADDRESS	YTI SE IITH		1
CITY-ST-ZIP	DANIA FL 33004	1.4 CITY-ST-ZIP	DANIA PL BOOM		
TITLE	VPD DELETE	2.1 TITLE		Change	Addition
NAME	STOKROCKI, MARILYN	2.2 NAME	•		Ţ
STREET ADDRESS	422 SE 11TH TERR	2.3 STREET ADDRESS	مهيرا والمصريعي منافرها المرابي المرابي المرابي المرابية	٠. ,	
CITY-ST-ZIP	DANIA FL 33004	2. 4 CITY-ST-ZIP			
TILE	PD DELETE	3.1 TITLE		Change	Addition
NAME	BORAX, JOEL	3.2 NAME			
STREET ADDRESS	417 SE 14TH ST	3.3 STREET ADDRESS			İ
CITY-ST-ZIP	DANIA FL	3.4, CITY-ST-ZIP			<u>. </u>
TITLE	D BIRCH DELETE	4.1 TITLE	. 0	Change	☐ Addition
NAME	BIRD, MONA	4. 2 NAME			
STREET ADDRESS	466 SE 11TH TERRACE	4.3 STREET ADDRESS			
CITY-ST-ZIP	DANIA FL 33004	4.4 CITY-ST-ZIP			
TITLE	D DELETE	5.1 TTLE) <u>D</u>	Change	☐ Addition {
NAME	JOHNSON, CHARLOTTE	5.2 NAME			
STREET ADDRESS	401 SE 11TH TERR	5.3 STREET ADDRESS			
CITY-ST-ZIP	DANIA FL 33004	5.4 CITY-ST-ZIP	<u> </u>		
TITLE	TD □ DELETE	6.1 TITLE	· 🗅	Change	Addition
NAME	PAOLINI, CHRIS	6.2 NAME	·		1
STREET ADDRESS	l management and a series of the	6.3 STREET ADDRESS	,		
CITY, ST. 7ID	LAUDERHILL EL 33319	6.4 CITY-ST-ZIP	·		- 1

14. 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 annual report or suppliemental 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, with all other like empowered.