

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90011 045 ****61.25

DOCUMENT # N03388

1. Entity Name

SANDPIPER WOODS TOWNHOMES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**PHOENIX MANAGEMENT
 541 S ST RD 7 #12
 MARGATE FL 33068
 US**

**541 S ST RD 7
 # 12
 MARGATE FL 33068
 US**

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

NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STOKROCKI, MARILYN	
STREET ADDRESS	4 GEORGE RETTIG	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HURTEAU, MARGARET	
STREET ADDRESS	443 SE 11TH TERR	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOCKROCKI, MARILYN	
STREET ADDRESS	466 SE 11TH TERRACE	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HURTEAU, MARGARET	
STREET ADDRESS	459 SE 14TH ST.	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RETTIG, H. GEORGE	
STREET ADDRESS	449 SE 11TH TERR.	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret Hurteau	
STREET ADDRESS	459 SE 14th Street	
CITY-ST-ZIP	Dania Beach FL 33004	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marilyn Stokrocki	
STREET ADDRESS	422 SE 11th terrace	
CITY-ST-ZIP	Dania Beach FL 33004	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Paolini	
STREET ADDRESS	5309 NW 66 Ave	
CITY-ST-ZIP	Lauderhill FL 33319	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mona Birch	
STREET ADDRESS	Dania Beach FL 33004	
CITY-ST-ZIP	Dania Beach FL 33004	
TITLE	D Steven Feinzig	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Dania Beach FL 33004	
TITLE	D Fran Kearns	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	403 SE 11th	
CITY-ST-ZIP	Dania Beach FL 33004	

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: *Margaret Hurteau* 2-25-02 929-7467

CR2E037 (9/01)