

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90397 014 \*\*\*\*61.25

**DOCUMENT # N03388**

1. Entity Name

SANDPIPER WOODS TOWNHOMES ASSOCIATION, INC.



Principal Place of Business

4780 NO. STATE RD. 7  
#E-250  
LAUDERDALE LAKES FL 33319  
US

Mailing Address

4780 NO. STATE RD. 7  
#E-250  
LAUDERDALE LAKES FL 33319  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PHOENIX MANAGEMENT SERVICES INC  
4780 N STATE RD 7  
LAUDERDALE LAKES FL 33319

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARGARET, HURTEAU	
STREET ADDRESS	459 SE 14TH STREET	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	STOKROCKI, MARILYN	
STREET ADDRESS	422 SE 11TH TERRACE	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PAOLINI, CHRIS	
STREET ADDRESS	5309 NW 66 AVE	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BIRCH, MONA	
STREET ADDRESS	459 SE 14TH ST	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEINZIG, STEVEN	
STREET ADDRESS	449 SE 11TH TERR	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEARNS, FRAN	
STREET ADDRESS	403 SE 11TH	
CITY-ST-ZIP	DANIA FL 33004	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONA BIRCH	
STREET ADDRESS	466 SE 11TH TER	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA MEYER	
STREET ADDRESS	438 SE 11TH TER	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	TP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAM WALDER	
STREET ADDRESS	440 SE 11TH TER	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASIA JOHNSON	
STREET ADDRESS	466 SE 14TH ST	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIL MADAN	
STREET ADDRESS	468 SE 11TH TER	
CITY-ST-ZIP	DANIA 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONA BIRCH

DATE

Daytime Phone #

4/12/04 954-927-7096