2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # N03388 1. Entity Name SANDPIPER WOODS TOWNHOMES ASSOCIATION, INC.								7 90267 019 '	****6	1.25
Principal Place of Business 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 US Mailing Address 1145 SAWGRASS CORP SUNRISE, FL 33323			PORATE I US			, , , , , , , , , , , , , , , , , , ,		I BIBLI BIBLI BIBLI BIBLI		1161 61 f 2 01
Principal Place of Business - No P.O. Box # 3. Mailing Address			225							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03292007	Chg-NP	CR2E037 (12	/06)	
City & State		City & State			4. FEI Numbe NOT AP	PLICABLE			plied For t Applicable	
Zìp 	Country	Zip	Соц	intry		5. Certificate	of Status Desired		5 Addi equired	
_	6. Name and Address of Current	Registered Agent		ļ		7. Name and	Address of New R	tegistered Agent		
KATZMAN & KORR, P.A. 1501 NW 49TH STREET				Name Street A	.ddress (F	s (P.O. Box Number is Not Acceptable)				
202 FORT LAU	JDERDALE, FL 33309					·				
				City				FL Zi	p Code	,
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its	s registere	ed office o	r register	ed agent, or bot	h, in the State of Flo	orida. I am familia	r with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent									
	organistic (pool of printed manual errogistered agent	I and title it applicable. (NO	TE: Registere	d Agent signat	nte tednited	when reinstating)	_==	DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Ca Trust Fund	mpaign F	inancing	ure required	\$5.00 May Bo Added to Fees		lake check paya ida Department		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI	9. Election Ca Trust Fund	mpaign F	inancing	Ö	\$5.00 May Bo Added to Fees		lake check paya ida Department	of St	ate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Ca Trust Fund RECTORS	mpaign F Contributi 11. Title NAMI STRE	inancing ion.		\$5.00 May Bo Added to Fees	Flor	lake check paya ida Department	ORS IN	ate
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12. Thereby certify that the information supplied with this litting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Turner certify that he 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 of the corp

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1/0/07

Daytime Phone #