

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000005800

1. Entity Name
**SANDPIPER BEACH HOUSE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**3015 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228**

Mailing Address
**510 BAY ISLES ROAD
LONGBOAT KEY, FL 34228**



01072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0985454

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VAC, ANDREW
510 BAY ISLES ROAD
LONGBOAT KEY, FL 34228**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	EGNOR, CAROL V
STREET ADDRESS	6620 MIAMI TRAILS DRIVE
CITY- ST- ZIP	LOVELAND, OH 45140
TITLE	P
NAME	VAC, ANDREW
STREET ADDRESS	510 BAY ISLES RD
CITY- ST- ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100000582108
01/11/07-80019-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Andrew Vac

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/2007 941.383.9700

Date

Daytime Phone #