

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007715

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** SANDPIPER GULF RESORT PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O R&P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104

**New Principal Place of Business:**

1016 COLLIER CENTER WAY  
SUITE 102  
NAPLES, FL 34110

**Current Mailing Address:**

C/O R&P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104

**New Mailing Address:**

1016 COLLIER CENTER WAY  
SUITE 102  
NAPLES, FL 34110

**FEI Number:** 20-1896104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

PLATINUM PROPERTY MANAGEMENT  
1016 COLLIER CENTER WAY  
SUITE 102  
NAPLES, FL 34110 US

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: PLATINUM PROPERTY MANAGEMENT  
\_\_\_\_\_  
Electronic Signature of Registered Agent

04/19/2011  
\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEHMAN, MICHAEL  
Address: 2146 SE 6TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33990

Title: TD  
Name: FELT, JENNIFER  
Address: 181-2 LENELL RD  
City-St-Zip: FT MYERS BEACH, FL 33931

Title: SD  
Name: PURALEWSKI, ARLENE  
Address: 118 NW 10TH STREET  
City-St-Zip: CAPE CORAL, FL 33933

Title: VPD  
Name: NENDZA, DAVE  
Address: 972 WINNER CUP COURT  
City-St-Zip: NAPERVILLE, IN 60565

Title: D  
Name: SCOGNO, DOUG  
Address: 15 JULIANNA DR.  
City-St-Zip: ABSECON, NJ 08201

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL LEHMAN  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/19/2011  
\_\_\_\_\_  
Date