

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007715

FILED  
Apr 10, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1016 COLLIER CENTER WAY  
SUITE 102  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1016 COLLIER CENTER WAY  
SUITE 102  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 20-1896104      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

Title: TD  
Name: FUHR, NANCY  
Address: 18120 SAN CARLOS BLVD. #1003  
City-St-Zip: FT MYERS BEACH, FL 33931

Title: SD  
Name: GILIBERTI, GRACE  
Address: 4904 SW 8TH CT.  
City-St-Zip: CAPE CORAL, FL 33914

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

PD

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date