

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 09, 2009
Secretary of State**

DOCUMENT# N04000007718

Entity Name: SANDPIPER GULF RESORT II CONDOMINIUM 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:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-1895967 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:

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 () Delete
Name: LEHMAN, MICHAEL
Address: 2146 SE 6TH AVE
City-St-Zip: CAPE CORAL, FL 33990

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

Title: TD () Delete
Name: PULVER, PAUL
Address: 2146 SE 6TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: TRIPLETT, JAMES
Address: 3817 FLETCHER ROAD
City-St-Zip: AMES, IA 50010

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: SD (X) Change () Addition
Name: BURNETT, CHUCK
Address: 4971 SYCAMORE DRIVE
City-St-Zip: NAPLES, FL 34119

Title: D (X) Change () Addition
Name: SCOGNO, ROSE
Address: 15 JULIANNA DR.
City-St-Zip: ABSECON, NJ 08201

Title: VPD () Change (X) Addition
Name: NENDZA, DAVE
Address: 972 WINNER CUP COURT
City-St-Zip: NAPERVILLE, IN 60565

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL LEHMAN

PD

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date