

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2008  
Secretary of State**

DOCUMENT# N04000009507

Entity Name: SANDPIPER GULF RESORT IV 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: 20-1896066      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 BCH, FL 33931

Title: TD      ( ) Delete  
Name: PULVER, PAUL  
Address: 2146 SE 6TH AVE  
City-St-Zip: CAPE CORAL, FL 33930

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

04/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date