

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

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1. Corporation Name

SANDPIPER BAY YACHT CLUB, INC.

Principal Place of Business

3500 MORNINGSID BLVD.  
PORT ST. LUCIE FL 34952

Mailing Address

3500 MORNINGSID BLVD.  
PORT ST. LUCIE FL 34952



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 P.O. Box 9243  
Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/29/1998

4. FEI Number

65-0900724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

Jan Vanderzee  
7338 Pine Creek Way  
PSL, FL  
34986

10. Name and Address of New Registered Agent

Mary Stanek  
596 SW Lake Charles Cir.  
PSL, FL  
34986

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Mary Stanek*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/9/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HOPKINS, TOM  
STREET ADDRESS 1286 SW CEDAR COVE  
CITY-ST-ZIP PORT ST. LUCIE FL 34986

TITLE D ☐ DELETE

NAME LOMIO, FRANK  
STREET ADDRESS 1752 ADAIR ROAD  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE D ☒ DELETE

NAME CLARK, RAYMOND  
STREET ADDRESS 1582 BALLANTREE CT.  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE D ☐ DELETE

NAME Edward Sheppard  
STREET ADDRESS 2712 Eagle Drive  
CITY-ST-ZIP Port St. Lucie, FL 34984

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/99 561-878-2478  
Date Daytime Phone #

CR2E037 (11/98)