

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 16, 2006 08:00 AM
Secretary of State**

DOCUMENT # P93000068991 1. Entity Name HOLIDAY VILLAGE OF SANDPIPER, INC.																																																																																																																													
Principal Place of Business 3500 SE MORNINGSID BLVD. PORT ST. LUCIE FL 34952			Mailing Address 75 VALENCIA AVE 12TH FL CORAL GABLES FL 33134 US																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		4. FEI Number 65-0439807																																																																																																																									
5. Certificate of Status Desired				☒ \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. STE 105 TALLAHASSEE FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																									
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																													
SIGNATURE _____ (NOTE: Registered Agent signature required when constituting) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																									
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1st MOORE CR2E034 (10/05)

4. FEI Number **65-0439807** Applied For ☐ Not Applicable ☒

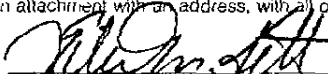
5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when constituting)
 Signature, typed or printed name of registered agent and title if applicable _____ DATE _____

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/31/06 (305) 925-9205**