

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N40647** (2)  
1. Corporation Name  
**SANDPIPER ISLE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

8770-GRASSY ISLE TRAIL  
LAKE WORTH FL 33467  
US

Mailing Address

8770-GRASSY ISLE TRAIL  
LAKE WORTH FL 33467  
US

3. Date Incorporated or Qualified  
**11/05/1990**

3a. Date of Last Report  
**03/13/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number  
**65-0314654**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHANOFF, HERMAN  
5425-WHITE SANDS COVE  
LAKE WORTH FL 33467

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*Herman Shanoff*

Shanoff, Herman - President

01-20-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME SHANOFF, HERMAN  
STREET ADDRESS 5425-WHITE SANDS COVE  
CITY-ST-ZIP LAKE WORTH FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SD ☒ DELETE  
NAME KOHN, JANET  
STREET ADDRESS 8616 GRASSY ISLE TRAIL  
CITY-ST-ZIP LAKE WORTH FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME SD  
2.3 STREET ADDRESS Dornstreich, Murray  
2.4 CITY-ST-ZIP 5448 White Sands Cove  
Lake Worth, FL, 33467

TITLE VD ☒ DELETE  
NAME ENGELSTEIN, ALEC  
STREET ADDRESS 5433 WHITE SANDS COVE  
CITY-ST-ZIP LAKE WORTH FL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME VD  
3.3 STREET ADDRESS Kaufman, Arnold  
3.4 CITY-ST-ZIP 5504 White Sands Cove  
Lake Worth, FL, 33467

TITLE VD ☐ DELETE  
NAME NECKY, TOBYE  
STREET ADDRESS 8695 GRASSY ISLE TRAIL  
CITY-ST-ZIP LAKE WORTH FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME GOLDSTEIN, SHIRLEY  
STREET ADDRESS 8744-GRASSY ISLE TRAIL  
CITY-ST-ZIP LAKE WORTH FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Shirley Goldstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirley Goldstein 01-20-96

407-433-2141

Treasurer

Date

Daytime Phone #

CR2E037 (12/95)