

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 750985 (4)
1. Corporation Name
SANDPIPER POINT TOWNHOMES ASSOCIATION, INC.Principal Place of Business
C/O BOARD OF DIRECTORS
2101-A NORTH 14TH AVENUE
HOLLYWOOD FL 33020
Mailing Address
C/O BOARD OF DIRECTORS
2101-A NORTH 14TH AVENUE
HOLLYWOOD FL 33020-25143. Date Incorporated or Qualified
02/11/1980
3a. Date of Last Report
07/03/1996
4. FEI Number
59-2116998
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 ☒ No2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 26 27 28 29 30
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

DONNA D BERGER ESQ BECKER & POLIAKOFF, P.A
3111 STIRLING ROAD
FT LAUDERDALE FL 33312-6525

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PISANO, ANNE MARIE	
STREET ADDRESS	2177 NORTH 14TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COUTLANGUS, JOHN	
STREET ADDRESS	2127 NORTH 14TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SEGNO, LOUISE	
STREET ADDRESS	2105 NORTH 14TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEWIS, KIRK	
STREET ADDRESS	2137 NORTH 14TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANSON, LORNA	
STREET ADDRESS	2149 N 14TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OTTEN, THOMAS	
STREET ADDRESS	2163 NORTH 14TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Armando Delgado	
1.3 STREET ADDRESS	2191 North 14th Avenue	
1.4 CITY-ST-ZIP	Hollywood FL 33020	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: Anne Marie Pisano - ANNE MARIE PISANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/97 (954) 923-3525

Date Daytime Phone # 0021321

CR2E037 (9/96)