


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90046 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N40647					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/05/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0314654	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution <input type="checkbox"/>	
29		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KAUFMAN, ARNOLD 5504 WHITE SANDS COVE LAKE WORTH FL 33467				81 Name Lupo Joe			
				82 Street Address (P.O. Box Number is Not Acceptable) 5480 White Sands Cove			
				83			
				84 City Lake Worth FL			
				85 Zip Code 33467			

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 Joe Lupo Joe Lupo DATE 01-09-99

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUPO, JOE			1.2 NAME	Lupo, Joe		
STREET ADDRESS	5480 WHITE SANDS COVE			1.3 STREET ADDRESS	5480 White Sands Cove		
CITY-ST-ZIP	LAKE WORTH FL 33467			1.4 CITY-ST-ZIP	lake Worth FL 33467		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VEZINA, RAY			2.2 NAME			
STREET ADDRESS	8656 GRASSY ISLE TRAIL			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33467			2.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAUFMAN, ARNOLD			3.2 NAME	Pioranneck Heinz		
STREET ADDRESS	5504 WHITE SANDS COVE			3.3 STREET ADDRESS	8599 Grassy Isle Trl.		
CITY-ST-ZIP	LAKE WORTH FL			3.4 CITY-ST-ZIP	Lake Worth FL 33467		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PASI, ROSALIE			4.2 NAME	Tanner Al		
STREET ADDRESS	5457 WHITE SANDS COVE			4.3 STREET ADDRESS	5440 White Sands Cove		
CITY-ST-ZIP	LAKE WORTH FL			4.4 CITY-ST-ZIP	lake Worth, FL 33467		
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDSTEIN, SHIRLEY			5.2 NAME			
STREET ADDRESS	8744 GRASSY ISLE TRAIL			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Shirley Goldstein RESIGNED Shirley Goldstein 01-09-99 561-433-2144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)