

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
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90007 006 ****61.25

0021875

DOCUMENT # 750985

1. Corporation Name

SANDPIPER POINT TOWNHOMES ASSOCIATION, INC.

578326 - 90007 - 8

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/11/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2116998

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75-Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DE;GADP. AR, AMDP	
STREET ADDRESS	2191 NORTH 14TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	P	<input type="checkbox"/> DELETE
NAME	COUTLANGUS, JOHN	
STREET ADDRESS	2127 NORTH 14TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	S	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	GARCIA, KELLI	
STREET ADDRESS	2111 N 124 AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALIETTI, ALBERT	
STREET ADDRESS	2131 N 14 AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KNAU, PATRICIA	
1.3 STREET ADDRESS	2113 N 14 AVE	
1.4 CITY-ST-ZIP	HOLLYWOOD FL 33020	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAULETTE, JOHN	
2.3 STREET ADDRESS	2101 N 14 AVE	
2.4 CITY-ST-ZIP	HLWD FL 33020	
3.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MONASH, PAUL	
3.3 STREET ADDRESS	2105 N 14 AVE	
3.4 CITY-ST-ZIP	HLWD FL 33020	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WIEGENFELD CAROL ANN	
4.3 STREET ADDRESS	2135 N 14 AVE	
4.4 CITY-ST-ZIP	HLWD FL 33020	
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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-99

954-923-4130
Daytime Phone #

CR2E037 (11/98)