

2000 UNIFORM BUSINESS REPORT (UBR)

2/26/00-90037-044-\$61.25-\$61.25

DOCUMENT # N40647

1. Entity Name

SANDPIPER ISLE HOMEOWNERS ASSOCIATION, INC.

FILED

00 MAR 20 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

8770 GRASSY ISLE TRAIL
LAKE WORTH FL 33467
US

Mailing Address

8770 GRASSY ISLE TRAIL
LAKE WORTH FL 33467-1737
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0314654

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LUPE, JOE
8770 GRASSY ISLE TRAIL
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name

Piorunneck Heinz

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

8599 Grassy Isle Trail

City

Lake Worth

FL

Zip Code

33467

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.

SIGNATURE

Piorunneck Heinz

01-10-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution: ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LUPO, JOE	
STREET ADDRESS	5480 WHITE SANDS COVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VEZINA, RAY	
STREET ADDRESS	8656 GRASSY ISLE TRAIL	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PIORUNNECK, HEINZ	
STREET ADDRESS	8599 GRASSY ISLE TRAIL	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	TANNER, AL	
STREET ADDRESS	5440 WHITE SANDS COVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, SHIRLEY	
STREET ADDRESS	8744 GRASSY ISLE TRAIL	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arnold Kaufman	
STREET ADDRESS	5504 White Sands Cove	
CITY-ST-ZIP	lake Worth FL 33467	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ferguson, Jack	
STREET ADDRESS	8743 Grassy Isle Trail	
CITY-ST-ZIP	lake Worth FL 33467	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Piorunneck, Heinz	
STREET ADDRESS	8599 Grassy Isle Trail	
CITY-ST-ZIP	lake Worth FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 617, 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:

01/10/00

561-433-2141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)