

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90083 029 \*\*\*\*61.25

**DOCUMENT # N40647**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

GOLDSTEIN, SHIRLEY  
8744 GRASSY ISLE TRAIL  
LAKE WORTH FL 33467

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	VEZINA, RAY	
STREET ADDRESS	8656 GRASSY ISLE TRAIL	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, DANA	
STREET ADDRESS	5392 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	S	<input checked="" type="checkbox"/> Delete
NAME	LIPSON, SID	
STREET ADDRESS	8719 GRASSY ISLE TRAIL	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAFORTE, JOE	
STREET ADDRESS	5464 WHITE SANDS COVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marilyn Edelstein	
STREET ADDRESS	5433 White Sands Cove	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph C. LaForte Joe LaForte 01/21/04 1-561-433-2141