2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #750985

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Name SANDPIPER POINT TOWNHOMES ASSOCIATION, INC.



FILED Apr 08, 2005 8:00 am Secretary of State 04-08-2005 90033 044 ****61.25

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		1 (054)) (405) ONI
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02182005 Chg-NP CR2E037 (10/03)
City & State		City & State		4. FEI Number Applied For 59-2116998 Not Applied by Not Applied For
Zip	· Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registr		Registered Agent		7. Name and Address of New Registered Agent
			Name	STEVEN S. VALANCY, ESQ.
BECKER & POLIAKOFF, P.A 3111 STIRLING RD FT LAUDERDALE, FL 33312 Street Address (P.O. Roy, Number is Alexander 1) 311 SE 13 TH STREET				
; 			City	FORT LAUDERDALE FL 7in Code 33316
9 The above	named entity submits this statement to	or the purpose of changing its	registered office or	·
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.				
			V_{-1}	11
SIGNATURE		<u> </u>	1 Then	July 02-18-05
	Signature, typed or proted pame of requirered appen	and title if applicable. (NOTE	. Registered Agent signati	ure required when reinstaking) DATE
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TILE	D VP	☐ Delete	TITLE.	O P Change
NAME	KNAU, PATRICIA		NAME	BARBARA FREAS
STREET ADDRESS	2113 N 14 AVE		STREET ADDRESS	2187 N 14 TH AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL 33020	·	CiTY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	D	Delete	TOTALE	☐ Change ☐ Addition
NAME	MONASH, PAUL		NAME.	
STREET ADDRESS CITY+ST+ZIP	2105 NORTH 14TH AVENUE		STREET ADDRESS CITY - ST - ZIP	
	HOLLYWOOD, FL 33020			As Bo
TITLE	LEWIS, KIRK	☐ Delete	TITLE NAME	DS
NAME STREET ADDRESS	2137 NORTH 14TH AVENUE		STREET ABORESS	151018, KITK 2137 N 14 Ame
CITY -ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP	Holhwood FL 33020
TITLE	DT	☐ Delete	TITLE	Change Addition
NAME	WIEGENFELD, CAROL A	_ 5000	NAME	
STREET ADDRESS	2135 N 14 AVE		STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	<u> </u>	CITY-ST-7(P	
TITLE	D	Dalete	TITLE	☐ Change ☐ Addition
NAME	LIPOFF, RITA	<i>></i> \	NAME	
STREET ADDRESS CITY-ST-ZIP	2157 N 14 AVENUE HOLLYWOOD, FL 33020		STREET ADDRESS CITY-ST-ZiP	
	HOLLTWOOD, PL 33020	<u> </u>		
TITLE	OTTEN, TOM	☐ Delete	TOLE	D Change Addition
NAME STREET ADDRESS	2163 N 14 AVE	\longrightarrow	NAME STREET ADDRESS	OTTEN, TOM
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP	OTTEN, TOM 2163 N 14 Ave 1611/2000 FL 33020
	4	h this filing does not qualify to	_1	
indicated of the co	tion this report or supplemental report.	s true and accurate and that report	my signature shall he as required by Cha	ited in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if