I hereby certify that the information indicated on this report or supplemental report is true ar	nd accurate and that my electronic signature shall have the	e 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	a Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: DAVID KANAREK	PD	03/23/2015

#### SIGNATURE: DAVID KANAREK

Electronic Signature of Signing Officer/Director Detail

Entity Name: SANDPIPER COVE II AT BOTANICA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** 

24311 WALDEN CENTER DR, SUITE 300 BONITA SPRINGS, FL 34134

DOCUMENT# N13000009108

## **Current Mailing Address:**

24311 WALDEN CENTER DR, SUITE 300 BONITA SPRINGS, FL 34134

### FEI Number: 46-3868089

### Name and Address of Current Registered Agent:

KANAREK, DAVID C/O PULTÉ GROUP 24311 WALDEN CENTER DR, SUITE 300 BONITA SPRINGS, FL 34134 US

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:

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	PD	Title	S/T
Name	KANAREK, DAVID	Name	BROOKS, SCOTT
Address	24311 WALDEN CENTER DR, SUITE 300	Address	24311 WALDEN CENTER DR, SUITE 300
City-State-Zip:	BONITA SPRINGS FL 34134	City-State-Zip:	BONITA SPRINGS FL 34134
Title	VP		
Name	GONZALEZ, PATRICK		
Address	24311 WALDEN CENTER DR, SUITE 300		
City-State-Zip:	BONITA SPRINGS FL 34134		

# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Date

#### FILED Mar 23, 2015 Secretary of State CC4636764880

Certificate of Status Desired: No

Date