FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714254 (0)

1. Corporation Name
SANDPIPER BAY HOMEOWNERS ASSOCIATION, INC.

REMITTED BY MAY 1
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2750 S.E. PINE VALLEY PORT ST LUCIE FL 34952	3024 OVERBROOK DR PORT ST LUCIE FL 34952 US

3. Date Incorporated or Qualified: 03/14/1968
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2348894 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): 3500 S.E. MORNINGSIDE BV
2a. Mailing Address (26): 1113 SE CAMBRIDGE DR
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23): PT ST LUCIE FL
City & State (28): PT. ST. LUCIE FL
Zip (24): 34952 Country (25):
Zip (29): 34952 Country (30):

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CRYER EDWIN
3024 OVERBROOK DR
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name: CHARLES MANCUSO
82 Street Address (P.O. Box Number is Not Acceptable): 1113 S.E. CAMBRIDGE DR
83:
84 City: PT ST LUCIE FL 85 Zip Code: 34952

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: CHARLES MANCUSO — Charles Mancuso — 5-12-95
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	VP	1.1 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	CRYER, EDWIN	1.2 NAME	ELMO DOIG
STREET ADDRESS	3024 OVERBROOK DR	1.3 STREET ADDRESS	2411 SE MORNINGSIDE BV
CITY-ST-ZIP	PS LUCIE, FL 00000	1.4 CITY-ST-ZIP	PT ST LUCIE FL 34952
TITLE	P	2.1 TITLE	V. PRESIDENT ☑ Change ☐ Addition
NAME	ALLGIRE, WAYNE	2.2 NAME	DEAN BALKEMA
STREET ADDRESS	2118 S.E. OVERBROOK	2.3 STREET ADDRESS	1965 TICKRIDGE RD
CITY-ST-ZIP	PS LUCIE, FL 00000	2.4 CITY-ST-ZIP	PT ST. LUCIE FL 34952
TITLE	D	3.1 TITLE	D ☑ Change ☐ Addition
NAME	TURNER, ROBERT	3.2 NAME	KAY BOAZ
STREET ADDRESS	3008 OVERBROOK DR	3.3 STREET ADDRESS	1472 S.E. SUNSHINE AVE
CITY-ST-ZIP	PT ST LUCIE FL	3.4 CITY-ST-ZIP	PT ST LUCIE FL 34952
TITLE	D	4.1 TITLE	D ☑ Change ☐ Addition
NAME	BALKEMA, DEAN	4.2 NAME	NITA MCNABB
STREET ADDRESS	1965 TICKRIDGE	4.3 STREET ADDRESS	2777 BLUEM WAY
CITY-ST-ZIP	PS LUCIE, FL 00000	4.4 CITY-ST-ZIP	PT ST LUCIE FL 34952
TITLE	D	5.1 TITLE	D ☑ Change ☐ Addition
NAME	SYNDER, FRED	5.2 NAME	LLOYD THOMPSON
STREET ADDRESS	2048 MORNINGSIDE	5.3 STREET ADDRESS	2549 SE MORNINGSIDE BV
CITY-ST-ZIP	PS LUCIE, FL 00000	5.4 CITY-ST-ZIP	PT ST LUCIE FL 34952
TITLE	S	6.1 TITLE	S. ☑ Change ☑ Addition
NAME	ORAM, JEAN	6.2 NAME	ANNE DANZ
STREET ADDRESS	2750 PINE VALLEY	6.3 STREET ADDRESS	1150 SE MITCHELL AVE #401
CITY-ST-ZIP	PS LUCIE, FL 00000	6.4 CITY-ST-ZIP	PT ST LUCIE FL 34952

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Charles Mancuso - CHARLES MANCUSO 4-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

000417