

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 714254 (0)
1. Corporation Name
SANDPIPER BAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**3500 SE MORNINGSTAR DR
PT ST LUCIE FL 34952
US**

Mailing Address

**1113 SE CAMBRIDGE DR
PT ST LUCIE FL 34952
US**

3. Date Incorporated or Qualified
03/14/1968

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 **26** **1100 S.E. MITCHELL AVE**
27 Suite, Apt. #, etc.
28 **# 401**
29 City & State
30 **PORT ST. LUCIE, FL.**
31 Zip
32 **34952**
33 Country
34 **U.S.**

4. FEI Number
59-2348894

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MANCUSO, CHARLES
1113 SE CAMBRIDGE DR
PT ST LUCIE FL 34952**

10. Name and Address of New Registered Agent

81 Name **MARCUS MILLAND**
82 Street Address (P.O. Box Number is Not Acceptable)
2872 S.E. FARLEY RD.
83 City
84 **PORT ST. LUCIA** **FL** **85** Zip Code
34952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Charles Mancuso**

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

(NOTE: Registered Agent signature required when reinstating)

3-1-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **DOIG, ELMO**
STREET ADDRESS **2411 SE MORNINGSTAR DR**
CITY-ST-ZIP **PT ST LUCIE FL 34952**
TITLE **V** ☒ DELETE
NAME **BALKEMA, DEAN**
STREET ADDRESS **1965 TICKRIDGE RD**
CITY-ST-ZIP **PT ST LUCIE FL 34952**
TITLE **D** ☐ DELETE
NAME **BOAZ, KAY**
STREET ADDRESS **1472 SE SUNSHINE AVE**
CITY-ST-ZIP **PT ST LUCIE FL 34952**
TITLE **D** ☐ DELETE
NAME **MCNABB, NITA**
STREET ADDRESS **2777 BLUEM WAY**
CITY-ST-ZIP **PT ST LUCIE FL 34952**
TITLE **D** ☐ DELETE
NAME **THOMPSON, LLOYD**
STREET ADDRESS **2549 SE MORNINGSTAR DR**
CITY-ST-ZIP **PT ST LUCIE FL 34952**
TITLE **S** ☐ DELETE
NAME **DANZ, ANNE**
STREET ADDRESS **1100 SE MITCHELL AVE #401**
CITY-ST-ZIP **PT ST LUCIE FL 34952**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **WILLIAM FITZGERALD**
2.3 STREET ADDRESS **2499 S.E. MORNINGSTAR BLVD**
2.4 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34952**
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-96 **407-335-5109**
Date Daytime Phone #

CR2E037 (12/95)