

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 714254 (0) 1. Corporation Name SANDPIPER BAY HOMEOWNERS ASSOCIATION, INC.			



Principal Place of Business 3500 SE MORNINGSID DR PT ST LUCIE FL 34952 US	Mailing Address 1100 SE MITCHELL AVE #401 PT ST LUCIE FL 34952-5923 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/14/1968		3a. Date of Last Report 03/07/1996	
21	Suite, Apt. #, etc.	26	P.O. Box 8793	4. FEI Number 59-2348894		Applied For <input checked="" type="checkbox"/> Not Applicable	
22	City & State	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	City & State PT ST Lucie Fl 34985	28	City & State PT ST Lucie Fl 34985	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country
						St. Lucie	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

MILLANO, MARCUS 2872 SW FARLEY ROAD PT ST LUCIE FL 34952				81 Name Marcus Milland 82 Street Address (P.O. Box Number is Not Acceptable) 2872 SE FARLEY RD. 83 PT ST LUCIE, FL 34952 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0602 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 **Marcus Milland** DATE **March 25, 1997**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DOIG, ELMO		1.2 NAME	CARL CONTI			
STREET ADDRESS	2411 SE MORNINGSID DR		1.3 STREET ADDRESS	3073 SE TREASURE ISLAND RD.			
CITY - ST - ZIP	PT ST LUCIE FL 34952		1.4 CITY - ST - ZIP	PT ST LUCIE, FL 34953			
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FITZGERALD, WILLIAM		2.2 NAME	G.WAYNE ALLGIRE			
STREET ADDRESS	2499 SE MORNINGSID BLVD		2.3 STREET ADDRESS	3118 OVERBROOK DR.			
CITY - ST - ZIP	PT ST LUCIE FL		2.4 CITY - ST - ZIP	PT ST LUCIE, FL 34952			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BOAZ, KAY		3.2 NAME	MELVIN METOT			
STREET ADDRESS	1472 SE SUNSHINE AVE		3.3 STREET ADDRESS	2692 GOWIN DR			
CITY - ST - ZIP	PT ST LUCIE FL 34952		3.4 CITY - ST - ZIP	PT ST LUCIE, FL 34952			
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCNABB, NITA		4.2 NAME	JIM RINGO			
STREET ADDRESS	2777 BLUEM WAY		4.3 STREET ADDRESS	2801 SE GINZA ST			
CITY - ST - ZIP	PT ST LUCIE FL 34952		4.4 CITY - ST - ZIP	PT ST LUCIE, FL 34952			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	THOMPSON, LLOYD		5.2 NAME	RICHARD T PAUL			
STREET ADDRESS	2549 SE MORNINGSID DR		5.3 STREET ADDRESS	1898 SE BOMA AV			
CITY - ST - ZIP	PT ST LUCIE FL 34952		5.4 CITY - ST - ZIP	PT ST LUCIE, FL 34952			
TITLE	S	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DANZ, ANNE		6.2 NAME	JENNIFER TREMBLAY			
STREET ADDRESS	1100 SE MITCHELL AVE #401		6.3 STREET ADDRESS	1921 SE ERWIN RD			
CITY - ST - ZIP	PT ST LUCIE FL 34952		6.4 CITY - ST - ZIP	PT ST LUCIE, FL 34952			

14. I do 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 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: **Marcus Milland** DATE: **March 25, 1997** (56) 335-8245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)