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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # 71425

1. Corporation Name

Sandpiper Bay Homeowners Association, Inc.

200002573012
-06/26/98--01014--005
**61.25

Principal Place of Business	Mailing Address
3500 SE Morningside Blvd. Pt. St. Lucie, FL 34952	P.O. Box 7111 Pt. St. Lucie, FL. 34985-7111

3. Date Incorporated or Qualified: 3/14/68

4. FEI Number: 59-2348824 — [ ] Applied For [X] 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

7. Is this nonprofit corporation a homeowners association? [X] Yes [ ] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

Marcus Milland
2872 SE Farley Rd

10. Name and Address of New Registered Agent

81 Name: Wilma Leary
82 Street Address (P.O. Box Number is Not Acceptable): 1543 SUNSHINE AV.
83 PORT ST. LUCIE, FL 34952
84 City: FL — 85 Zip Code

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: Wilma R. Leary — DATE: 4-24-98
(Signature of the President or Chairman of the Board) (NEW Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
D	Fitzgerold, William 2499 SE Morningside Pt. St. Lucie, FL 34952	[ ]	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	S Wilma Leary 1543 SE Sunshine Ave Pt. St. Lucie, FL 34952	[ ] / [ ]
D	Melvin Metot 2692 Gowin Dr Pt St. Lucie, Fl 34952	[ ]	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	✓ Emil Viola 2631 SE Morningside Blvd Pt. St. Lucie, FL 34952	[ ] / [ ]
T	Marcus Milland 2872 SE Farley Rd Pt. St. Lucie, FL 34952	[X]	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	P Paul Schall 2492 SE Isaac Rd Pt. St. Lucie, Fl	[ ] / [ ]
D	Jim Ringo 2901 SE Ginza St Pt. St. Lucie, FL 34952	[ ]	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Don Mc Govern 2525 SE Morningside Pt. St. Lucie, FL 34952	[ ] / [ ]
D	Richard Paul 1898 SE Bora Av Pt St Lucie, FL	[ ]	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Frank Micale 1749 SE Hondo Ave Pt. St. Lucie, FL	[ ] / [ ] 6/6/25
D	Jennifer Tremplay 1921 SE Erwin Rd Pt. St. Lucie, FL	[ ]	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	T Wayne Allgire 3118 SE Overbrook Dr Pt. St. Lucie	[ ] / [ ]

CR2E037 (10/97)

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #