

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714254

1. Corporation Name

SANDPIPER BAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3500 SE MORNINGSIDES BOULEVARD
PORT ST. LUCIE FL 34952
US

Mailing Address

P.O. BOX 7111
PORT ST. LUCIE FL 34985-7111
US

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Apr 23, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

03/14/1968

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

9. Name and Address of Current Registered Agent

LEARY, WILMA
1543 SUNSHINE AVENUE
PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 Leary*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
S
LEARY, WILMA
1543 S.E. SUNSHINE AVENUE
PORT ST. LUCIE FL 34932

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
V
VIOLA, EMIL
2631 S.E. MORNINGSIDES BOULEVARD
PORT ST. LUCIE FL 34952

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
SCHALL, PAUL
2492 S.E. ISSAC ROAD
PORT ST. LUCIE FL 34952

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
MICALE, FRANK
1749 S.E. HONDO AVENUE
PORT ST. LUCIE FL 34952

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
T
ALLIGIRE, WAYNE
3118 S.E. OVERBROOK DRIVE
PORT ST. LUCIE

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCGOVERN, DON
2525 S.E. MORNINGSIDES AVENUE
PORT ST. LUCIE FL 34952

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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
HERB POLIDOR
3089 SE MORNINGSIDES
PORT ST. LUCIE, FL 34952

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
D
ROMAN MAGEA
3072 SE SANTA ANITA
PSL FL 34952

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
D
FRANK LOMIO
1752 SE ADAM
PSL FL 34952

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, with all other like empowered.

SIGNATURE: *Wilma Leary* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

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