

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714254

1. Entity Name

SANDPIPER BAY HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90010 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3500 SE MORNINGSID BOULEVARD  
PORT ST. LUCIE FL 34952  
US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2348894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEARY, WILMA  
1543 SUNSHINE AVENUE  
PORT ST LUCIE FL 34952

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Leary, Wilma  
SAME ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Viola, Emil  
SAME ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
Szczeny, John  
1729 SE Westmoreland Blvd.  
Port St. Lucie, Fl. 34952 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
POLIDOR, HERB  
3089 SE MORNINGSID  
PORT ST. LUCIE FL 34952 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Chilson, Homer  
1525 SE Westmoreland Blvd.  
Port St. Lucie, Fl. 34952 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MAJER, ROMAN  
3072 SANTA ANNA  
PT ST LUCIE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Mager, Roman  
3072 SE Santa Anita  
Port St. Lucie, Fl. 34952 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FRANK, LOMIO  
1752 SE AD AVE  
PORT ST. LUCIE FL 34952 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Lomio, Frank  
1752 SE Adair Rd.  
Port St. Lucie, Fl. 34952 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(3)(a), Florida Statutes, and that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-00

561-335-8597

Date

Daytime Phone #

CR2E037 (9/99)