

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 22, 2001 8:00 am**  
**Secretary of State**

06-22-2001 90002 015 \*\*\*\*61.25

**DOCUMENT # 714254**

1. Entity Name

**SANDPIPER BAY HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

3500 SE MORNINGSID BOULEVARD  
 PORT ST. LUCIE FL 34952  
 US

Mailing Address

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

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

TITLE **P** ☒ Change ☐ Addition  
 NAME **Leary, Wilma**  
 STREET ADDRESS **1543 Sunshine Ave.**  
 CITY-ST-ZIP **Port St. Lucie, Fl. 34952**

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

TITLE **S** ☐ Change ☒ Addition  
 NAME **Paula De Lorenzo**  
 STREET ADDRESS **2418 SE Isaac**  
 CITY-ST-ZIP **Port St. Lucie, Fl. 34952**

TITLE **D** ☐ Delete  
 NAME **CHILSON, HOMER**  
 STREET ADDRESS **1525 SE WESTMORELAND BLVD**  
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **V** ☐ Change ☒ Addition  
 NAME **Donald Harris**  
 STREET ADDRESS **1726 SE Westmoreland Blvd.**  
 CITY-ST-ZIP **Port St. Lucie, Fl. 34952**

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

TITLE **T** ☐ Change ☒ Addition  
 NAME **Bill Hartdegen**  
 STREET ADDRESS **3073 SE Treasure Island**  
 CITY-ST-ZIP **Port St. Lucie, Fl.**

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

TITLE **T** ☐ Change ☒ Addition  
 NAME **Bill Hartdegen**  
 STREET ADDRESS **3073 SE Treasure Island**  
 CITY-ST-ZIP **Port St. Lucie, Fl.**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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:

*Bill Hartdegen, Treasurer 6/19/01 561-337-7790*

CR2E037 (10/00)