

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714254

1. Entity Name

SANDPIPER BAY HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90049 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3500 SE MORNINGSSIDE 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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME HARTDEGEN, BILL ☐ Delete  
STREET ADDRESS 3073 SE TREASURE ISLAND  
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME DE LORENZO, PAULA ☐ Delete  
STREET ADDRESS 2418 SE ISAAC  
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE ☐ Change ☐ Addition  
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:

*William J. Hartdegen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/02 561-337-7790

CR2E037 (9/01)