


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 714254		
1. Entity Name SANDPIPER BAY HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business MORNINGSIDE LIBRARY 2410 MORNINGSIDE BLVD. PORT SAINT LUCIE, FL 34952 US	Mailing Address P.O. BOX 7111 PORT ST. LUCIE, FL 34985-7111 US
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2. Principal Place of Business - No P.O. Box # AS ABOVE	3. Mailing Address AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

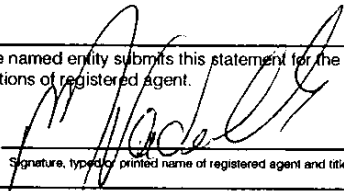
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08 JUN -9 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05292008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent VAN DEN ELZEN, MARIO L PRES 3131 SE OVERBROOK DRIVE PORT SAINT LUCIE, FL 34952		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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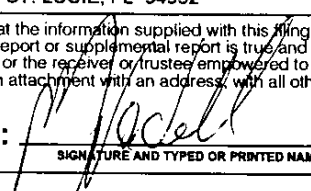
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **MARIO VAN DEN ELZEN** **MAY 30, 2008**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VIOLA, EMIL VP <input type="checkbox"/> Delete 2631 SE MORNINGSIDE BLVD. PORT SAINT LUCIE, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400131390154 06/17/08--01004--025 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LEARY, WILMA SEC <input type="checkbox"/> Delete 1100 SE MITCHELL AVE., #202 PORT ST. LUCIE, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERES III, CHARLES TREASUR <input checked="" type="checkbox"/> Delete 2512 SE ANCHORAGE COVE, B3 PORT SAINT LUCIE, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCAFOOS, RICHARD AS <input type="checkbox"/> Delete 3124 SE OVERBROOK DRIVE PORT SAINT LUCIE, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AS MCAFOOS, RICHARD 1556 SE WESTMORELAND BLVD. PORT SAINT LUCIE FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTDEGEN, BILL DIRECTO <input type="checkbox"/> Delete 3073 SE TREASURE ISLAND PORT ST. LUCIE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D POLEDOR, HERB 3089 SE MORNINGSIDE BLVD. PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, DONALD DIRECTO <input type="checkbox"/> Delete 1726 WEST MORELAND BLVD. PORT ST. LUCIE, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D JAEGER, JOHN 1549 SE WESTMORELAND BLVD. PORT ST. LUCIE, FL 34952

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **MARIO VAN DEN ELZEN** **5/30/08** **772-408-0328**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #