

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90943 010 \*\*\*\*61.25

**DOCUMENT # 714254**

1. Entity Name

**SANDPIPER BAY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**3500 SE MORNINGSIDE 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

**Morning Side Library**

3. Mailing Address

**Same as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**2410 Morning Side Blvd.**

City & State

City & State

**Port St. Lucie, FL 34952**

Zip

Country

Zip

Country

**USA**

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

**LEARY, WILMA  
1543 SUNSHINE AVENUE  
PORT ST LUCIE FL 34952**

7. Name and Address of New Registered Agent

Name **PAULA DE LORENZO**

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

**2418 SE ISAAC**

City

**PORT ST LUCIE,**

FL

Zip Code

**34952**

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

*Paula De Lorenzo*

**2/21/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEARY, WILMA</b>	
STREET ADDRESS	<b>1543 S.E. SUNSHINE AVENUE</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34932</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>VIOLA, EMIL</b>	
STREET ADDRESS	<b>2631 S.E. MORNINGSIDE BOULEVARD</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34952</b>	<b>OK</b>
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHILSON, HOMER</b>	
STREET ADDRESS	<b>1525 SE WESTMORELAND BLVD</b>	<b>OK</b>
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34952</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAJER, ROMAN</b>	
STREET ADDRESS	<b>3072 SANTA ANNA</b>	<b>OK</b>
CITY-ST-ZIP	<b>PT ST LUCIE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HARTDEGEN, BILL</b>	
STREET ADDRESS	<b>3073 SE TREASURE ISLAND</b>	<b>OK</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DE LORENZO, PAULA</b>	
STREET ADDRESS	<b>2418 SE ISAAC</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34952</b>	

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAULA DE LORENZO</b>	
STREET ADDRESS	<b>2418 SE ISAAC</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE, FLORIDA 34952</b>	
TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONALD HARRIS</b>	
STREET ADDRESS	<b>1726 West Moreland Blvd.</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE, FL 34952</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOAN BEYER</b>	
STREET ADDRESS	<b>1753 SE ADAIR RD.</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE, FL 34952</b>	

CR2E037 (10/02)

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, Treasurer*

**2/19/03 772-337-7790**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER