

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2008 08:00 AM
Secretary of State

DOCUMENT # 727418

1. Entity Name

SANDPIPER APARTMENTS CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

612 BIRD BAY DR., S.
VENICE, FL 34292

Mailing Address

612 BIRD BAY DR., S.
VENICE, FL 34292



01112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1573696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIPPONERI, MARSHA
612 BIRD BAY DR S
VENICE, FL 34285

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000825553
02/21/08-80014-018 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LADY, HERBERT
STREET ADDRESS 612 BIRD BAY DR. S
CITY-ST-ZIP VENICE, FL 34285

TITLE SD
NAME GRASS, RICHARD
STREET ADDRESS 612 BIRD BAY DR. S.
CITY-ST-ZIP VENICE, FL 34285

TITLE VD
NAME ISENHOUER, JOHN
STREET ADDRESS 612 BIRD BAY DR. S.
CITY-ST-ZIP VENICE, FL 34285

TITLE TD
NAME SPAHN, CARL
STREET ADDRESS 612 BIRD BAY DR. S.
CITY-ST-ZIP VENICE, FL 34285

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Carl Spahn Carl Spahn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-08 941-488-8403