

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728476

FILED
Jan 19, 2009
Secretary of State

Entity Name: SANDPIPER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5501 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

5501 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-1486262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORENO, DIANE B
5501 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SEFCIK, JOE
Address: 2420 NORFOLK ROAD
City-St-Zip: ORLANDO, FL 32803

Title: VPD () Delete
Name: BROWN, DON
Address: 1127 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: SD () Delete
Name: JOHNSON, SCOTT
Address: 750 ALBA DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: TD () Delete
Name: SUTTON, DUSTY
Address: 1239 AUDUBON PLACE
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: HADLEY, RALPH
Address: 120 SPRING COVE TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: CAHILL, STEPHEN
Address: 2667 LAKE SHORE DRIVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: IVEY, ROGER TOMMY
Address: 5501 SOUTH ATLANTIC AVENUE #102
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE SEFCIK

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date