

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED

95 MAY 1 10:50

TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortnam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 734364

1. Corporation Name

THE VILLAS OF SANDPIPER BAY POA, INC.

Principal Place of Business

Mailing Address

275 Toney Penna Drive  
Suite 10  
Jupiter, Fl 33458

275 Toney Penna Drive  
Suite 10  
Jupiter, Fl 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/03/81 3a. Date of Last Report 4/94

4. FEI Number 59-2166659 Applied For Not Applicable

5. Certificate of Status (nsand) \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under § 125.002, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

28 City & State

24 Zip 25 County

29 Zip 30 County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUNRISE MANAGEMENT COMPANY OF THE TC  
275 TONEY PENNA DRIVE, #10  
JUPITER, FL 33458

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Frank S. Guarascio P/D  
NAME 3301 S.E. Sandpiper Circle  
STREET ADDRESS Port St. Lucie, Fl 34952  
CITY- ST ZIP

11 TITLE Change Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

TITLE S/VP/D  
NAME H. Thomas Neavitt  
STREET ADDRESS 3529 S.E. Sandpiper Circle  
CITY- ST- ZIP Port St. Lucie, Fl 34952

21 TITLE Change Addition  
22 NAME  
23 STREET ADDRESS 200001438662  
24 CITY- ST- ZIP -05/24/95--01092--020  
\*\*\*\*130.00 \*\*\*\*130.00

TITLE T/VP/D  
NAME Frederick N. Robinson  
STREET ADDRESS 3302 S.E. Sandpiper Circle  
CITY- ST ZIP Port St. Lucie, Fl 34952

31 TITLE Change Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

TITLE VP/D  
NAME Warne L. Blackman  
STREET ADDRESS 3519 S.E. Sandpiper Circle  
CITY- ST ZIP Port St. Lucie, Fl 34952

41 TITLE Change Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

TITLE VP/D  
NAME Richard A. Lee  
STREET ADDRESS 3508 S.E. Sandpiper circle  
CITY- ST ZIP Port St. Lucie, Fl 34952

51 TITLE Change Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST ZIP

61 TITLE Change Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

Frank S. Guarascio  
FRANK S. GUARASCIO

4/28/95

(407) 525-7792

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)