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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734364

1. Corporation Name

THE VILLAS OF SANDPIPER BAY PROPERTY OWNERS' ASSOCIATION, INC.

168204-90217-41

Principal Place of Business

275 TONEY PENNA DRIVE
SUITE 7
JUPITER FL 33458
US

Mailing Address

275 TONEY PENNA DRIVE
SUITE 7
JUPITER FL 33458
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/18/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2166659

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUNRISE MANAGEMENT CO. OF THE TREASURE COAST, INC.
SUITE 7
JUPITER FL 33458

81 Name

THE SUNRISE COMPANIES

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

275 TONEY PENNA DRIVE

83

SUITE 7

84 City

JUPITER

FL

85 Zip Code

33458

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]

CRAIG KUNKLE

2/10/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

NAME PD GUARASCIO, FRANK
STREET ADDRESS 3301 S. E. SANDPIPER CIR.
CITY-ST-ZIP PORT ST. LUCIE FL 34952

1.1 TITLE Change Addition

TITLE DELETE

NAME VPD THOMPSON, ROBERT
STREET ADDRESS 3518 SW SANDPIPER CIR
CITY-ST-ZIP PT ST LUCIE FL

2.1 TITLE Change Addition

TITLE DELETE

NAME VPSD ANICITO, AMELIA
STREET ADDRESS 3435 SE SANDPIPER CIRCLE
CITY-ST-ZIP PORT ST LUCIE FL

3.1 TITLE Change Addition

TITLE DELETE

NAME VPTD BROOKS, ARCHIE
STREET ADDRESS 3516 SE SANDPIPER CIRCLE
CITY-ST-ZIP PORT ST LUCIE FL 34952

4.1 TITLE Change Addition

TITLE DELETE

NAME VPD HARMS, RICHARD
STREET ADDRESS 3520 S.E. SANDPIPER CIRCLE
CITY-ST-ZIP PORT ST. LUCIE FL 34952

5.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, or on an attachment with an address, with all other like employees.

SIGNATURE: FRANK GUARASCIO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 2/10/99
Daytime Phone # 561 335 8452

CR2E037 (11/98)