


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90007 015 ****61.25

DOCUMENT # 734364			
1. Entity Name THE VILLAS OF SANDPIPER BAY PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 8149 PORT SAINT LUCIE, FL 34985 US		Mailing Address P.O. BOX 8149 PORT SAINT LUCIE, FL 34985 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-2166659		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSS, DEBORAH L ESQ. 759 SOUTH FEDERAL HIGHWAY SUITE 212 STUART, FL 34997		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	T OBERMEIER, EDGAR 3313 LA PRADO CT. PORT SAINT LUCIE, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, CHRISTINE 3920 SE SANDPIPER CIRCLE PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMONETTI, GUS 3305 S E SANDPIPER CR PORT SAINT LUCIE, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAULLIN, ALVIN 3307 SE SANDPIPER CIRCLE PORT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORELLI, DON 3512 SE SANDPIPER CIR PORT ST LUCIE, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-T-D TRABOLSI, BONNIE 3301 SE LA PRADO CIRCLE PORT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HATEM, FREDERICK 3304 SE SANDPIPER CIR PORT ST. LUCIE, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WIL RICH, JERRY 3521 SE SANDPIPER CIRCLE PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
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: <i>Bonnie Trabolsi</i>		Date: 2/13/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BONNIE TRABOLSI		Daytime Phone #: 772 335 5988	