


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

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90047 042 \*\*\*\*61.25

<b>DOCUMENT # 734364</b>					
1. Entity Name <b>THE VILLAS OF SANDPIPER BAY PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business P.O. BOX 8149 PORT SAINT LUCIE, FL 34985 US		Mailing Address 1111 SE FEDERAL HWY STE 100 STUART, FL 34994 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2166659</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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		
			State <b>FL</b>		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>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTI, CARL		NAME		
STREET ADDRESS	3504 SE SANDPIPER CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULIN, ALVIN		NAME	BOTTOMS, DAN	
STREET ADDRESS	3307 SE SANDPIPER CIR		STREET ADDRESS	3435 SE SANDPIPER CIRCLE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP	PORT ST. LUCIE-FL 34952	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIED, JOSEPH		NAME		
STREET ADDRESS	3311 SE SANDPIPER CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGKINSON, ROY		NAME		
STREET ADDRESS	3327 SE LA PRADO COURT		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ULRICH, JERRY		NAME	GRIBKO, ALEX	
STREET ADDRESS	3521 SE SANDPIPER CIR		STREET ADDRESS	3415 SE SANDPIPER CIRCLE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP	PORT ST. LUCIE-FL 34952	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>ROY A. HODGKINSON</u>		Date: <u>MARCH 1, 2008</u>		Daytime Phone #: <u>(772) 337-1528</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>TREASURER</b>					