

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90032 016 \*\*\*\*61.25

**DOCUMENT # 758784**

1. Entity Name  
**SANDPIPER MOBILE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1412 AZALA DR.  
LEESBURG, FL 34788 US**

Mailing Address  
**1412 AZALA DR.  
LEESBURG, FL 34788 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2176304**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHERWOOD, BRUCE A SR  
606 SANDPIPER DR  
LEESBURG, FL 34788**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME SHERWOOD, BRUCE  
STREET ADDRESS 606 SANDPIPER DR  
CITY-ST-ZIP LEESBURG, FL 34788

TITLE VP ☐ Delete  
NAME SHIFLET, STEVE  
STREET ADDRESS 1406 AZALEA DR  
CITY-ST-ZIP LEESBURG, FL 34788

TITLE S ☐ Delete  
NAME WOLF, SHIRLEY  
STREET ADDRESS 404 OAK DRIVE  
CITY-ST-ZIP LEESBURG, FL 34788

TITLE T ☐ Delete  
NAME SPROATT, CARL J.  
STREET ADDRESS 103 LAKE SHORE CIRCLE  
CITY-ST-ZIP LEESBURG, FL 34788

TITLE D ☐ Delete  
NAME KILSDONK, ROBERT  
STREET ADDRESS 712 FLAMINGO DRIVE  
CITY-ST-ZIP LEESBURG, FL 34788

TITLE D ☐ Delete  
NAME LEIFHEIT, JOHN  
STREET ADDRESS 602 SANDPIPER DR.  
CITY-ST-ZIP LEESBURG, FL 34788

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:**

*Carl J. Sproatt* **CARL J. SPROATT, Treas.** 3/4/05 352-357-6923  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #