

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90224 006 ****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**

50003021



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01152006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2176304

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**SHERWOOD, BRUCE A SR
606 SANDPIPER DR
LEESBURG, FL 34788**

7. Name and Address of New Registered Agent
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, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X T SHERWOOD, BRUCE 606 SANDPIPER DR LEESBURG, FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLENN TIPTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 607 SANDPIPER DR LEESBURG FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHIFLET, STEVE 1406 AZALEA DR LEESBURG, FL 34788 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORALIE THOMPSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 820 PINE DRIVE LEESBURG FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLF, SHIRLEY 404 OAK DRIVE LEESBURG, FL 34788 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D TWILA WITAKER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 911 QUAIL DR LEESBURG FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPROATT, CARL J. 103 LAKE SHORE CIRCLE LEESBURG, FL 34788 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES WOLF <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 816 PINE DR LEESBURG FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILSDONK, ROBERT 712 FLAMINGO DRIVE LEESBURG, FL 34788 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIFHEIT, JOHN 602 SANDPIPER DR. LEESBURG, FL 34788 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Glenn H. Tipton **GLENN H. TIPTON** 2-23-06 352-357-7321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #