

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90154 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
**123 LAKE SHORE CIRCLE
LEESBURG FL 34788
US**

2. Principal Place of Business

3. Mailing Address
1412 AZALEA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LEESBURG, FL

4. FEI Number **59-2176304**

Applied For
Not Applicable

Zip

Country

Zip
34788

Country
USA

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

**SPROATT, CARL J.
103 LAKE SHORE CIRCLE
LEESBURG FL 34788**

Name
BRUCE A. SHERWOOD, SR.

Street Address (P.O. Box Number is Not Acceptable)
606 SANDPIPER DR.

City **LEESBURG** FL Zip Code **34788**

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 **BRUCE A. SHERWOOD, SR. Bruce A. Sherwood, Sr.** DATE **1-21-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	P	<input type="checkbox"/> Delete
NAME	SHERWOOD, BRUCE	
STREET ADDRESS	606 SANDPIPER DR	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHIFLET, STEVE	
STREET ADDRESS	1406 AZALEA DR	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	S	<input type="checkbox"/> Delete
NAME	WOLF, SHIRLEY	
STREET ADDRESS	404 OAK DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	T	<input type="checkbox"/> Delete
NAME	SPROATT, CARL J.	
STREET ADDRESS	103 LAKE SHORE CIRCLE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	D	<input type="checkbox"/> Delete
NAME	KILSDONK, ROBERT	
STREET ADDRESS	712 FLAMINGO DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEIFHEIT, JOHN	
STREET ADDRESS	602 SANDPIPER DR.	
CITY-ST-ZIP	LEESBURG FL 34788	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Bruce A. Sherwood, Sr.**

1-21-03

352-357-1987

CR2E037 (10/02)