

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759558

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** SANDPIPER OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1009 SE 46TH LN  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

1319 MIRAMAR ST  
#101  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

**FEI Number:** 59-2149085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZUNINO, PAOLA  
1319 MIRAMAR ST  
SUITE 101  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: KOTTI, BARBARA  
Address: 1017 SE 46TH LANE UNIT 102  
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD  
Name: LETENDRE, BERT  
Address: 1017 S.E. 46TH LANE, #109  
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD  
Name: LEONE, AL  
Address: 1017 SE 46TH LANE  
City-St-Zip: CAPE CORAL, FL 33904

Title: PD  
Name: HOLEGETHAN, PHYLLIS  
Address: 1017 SE 46TH LANE #205  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHYLLIS HOLZGETHAN

PRES

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date