2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 762301

1. Entity Name
THE SANDPIPER CONDOMINIUM OF LAKE PLACID ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10922 SW 135TH PLACE MIAMI, FL 33186	10922 SW 135TH PLACE MIAMI, FL 33186 US

03082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0973814
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TODD, RONALD
10922 SW 135TH PLACE
MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TODD, RONALD WM., JR.
STREET ADDRESS	10922 SW 135TH PLACE
CITY-ST ZIP	MIAMI, FL
TITLE	SD
NAME	SHIELDS, BONNIE
STREET ADDRESS	166 BLUE MOON
CITY ST-ZIP	LAKE PLACID, FL 33852
TITLE	TD
NAME	TODD, SARA BETH
STREET ADDRESS	10922 SW 135TH PLACE
CITY ST ZIP	MIAMI, FL
TITLE	VPD
NAME	SHIELDS, LEO J
STREET ADDRESS	166 BLUE MOON
CITY ST ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000085520
03/11/04-80051-013 61.25

DO NOT WRITE IN THIS SPACE

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: Sara Beth Todd (SARA BETH TODD) 3/8/04 305 3854233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #