

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 10922 SW 135TH PLACE MIAMI, FL 33186	Mailing Address 10922 SW 135TH PLACE MIAMI, FL 33186 US
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DO NOT WRITE IN THIS SPACE



03082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0973814	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TODD, RONALD 10922 SW 135TH PLACE MIAMI, FL 33186

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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 _____
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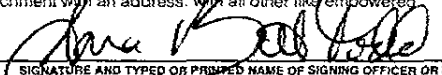
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TODD, RONALD WM., JR. 10922 SW 135TH PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHIELDS, BONNIE 166 BLUE MOON LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TODD, SARA BETH 10922 SW 135TH PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SHIELDS, LEO J 166 BLUE MOON LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/11/04-80051-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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) 3/8/04 305 3854233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE