

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 07, 2005 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



01302005 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

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000371056  
07/07/05-80001-009 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #