

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762301

FILED
Jul 07, 2008
Secretary of State

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

Current Principal Place of Business:

10922 SW 135TH PLACE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

10922 SW 135TH PLACE
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0973814 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TODD, RONALD
10922 SW 135TH PLACE
MIAMI, FL 33186 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: PD () Delete
Name: TODD, RONALD WM., JR., .
Address: 10922 SW 135TH PLACE
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: SHIELDS, BONNIE
Address: 166 BLUE MOON
City-St-Zip: LAKE PLACID, FL 33852

Title: TD () Delete
Name: TODD, SARA BETH,
Address: 10922 SW 135TH PLACE
City-St-Zip: MIAMI, FL

Title: VPD () Delete
Name: SHIELDS, LEO J
Address: 166 BLUE MOON
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RONALD W TODD

PRES

07/07/2008

Electronic Signature of Signing Officer or Director

Date