


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90074 041 ****61.25

DOCUMENT # N01000001304

1. Entity Name
SANDPIPER HOMEOWNER/RENTERS ASSOCIATION, INC.



Principal Place of Business
416 OAK DRIVE
LEESBURG, FL 34788 US

Mailing Address
416 OAK DRIVE
LEESBURG, FL 34788 US

2. Principal Place of Business
220 N. LAKE SHORE DR.

3. Mailing Address
220 N. LAKE SHORE DR.

Suite, Apt. #, etc.
LEESBURG

Suite, Apt. #, etc.
 (blank)

City & State
FL

City & State
LEESBURG, FL


Zip
34788

Country
USA

Zip
34788

Country
USA

400400



03312006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3699697

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WYTHE, JOSEPH
416 OAK DRIVE
LEESBURG, FL 34788

7. Name and Address of New Registered Agent

Name **JONES, SHARON**

Street Address (P.O. Box Number is Not Acceptable)
220 N. LAKE SHORE DR.

City **LEESBURG** FL Zip Code **34788**

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 *Sharon Jones Treas* **3-31-06**

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, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete ZINK, JEROME P 218 N LAKE SHORE DRIVE LEESBURG, FL 34788	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input type="checkbox"/> Delete BROWN, DUDLEY 307 MAGNOLIA LEESBURG, FL 34788	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T	<input checked="" type="checkbox"/> Delete WYTHE, JOE 416 OAK DR LEESBURG, FL 34788	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	JONES, SHARON 220 N. LAKE SHORE DR. LEESBURG, FL 34788
TITLE S	<input type="checkbox"/> Delete BROWN, HILDEGARD 307 MAGNOLIA LEESBURG, FL 34788	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> Delete CARPENTER, PAT 412 OAK DRIVE LEESBURG, FL 34788	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input checked="" type="checkbox"/> Delete BALKWILL, CHARLES 513 CARDINAL DRIVE LEESBURG, FL 34788	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	JONES, TIMOTHY R. 220 N. LAKE SHORE DR. LEESBURG, FL 34788

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Sharon Jones* **SHARON JONES** **3-31-06** **352-3573467**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #