2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# N01000001304

Entity Name: SANDPIPER HOMEOWNER/RENTERS ASSOCIATION, INC.

Current Principal Place of Business:

220 N LAKE SHORE DR
LEESBURG, FL 34788 US

New Principal Place of Business:

Current Mailing Address:

220 N LAKE SHORE DR
LEESBURG, FL 34788 US

New Mailing Address:

FEI Number: 59-3699697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, SHARON
220 N LAKE SHORE DR
LEESBURG, FL 34788 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:	P	( ) Delete
Name:	DUDLEY, BROWN	
Address:	307 MAGNOLIA	
City-St-Zip:	LEESBURG, FL 34788	
Title:	VP	( ) Delete
Name:	SMITH, PAT	
Address:	418 OAK DR	
City-St-Zip:	LEESBURG, FL 34788	
Title:	T	( ) Delete
Name:	JONES, SHARON	
Address:	220 N LAKE SHORE DR	
City-St-Zip:	LEESBURG, FL 34788	
Title:	S	( ) Delete
Name:	SNOW, JOYCE	
Address:	1014 SUNSET DR	
City-St-Zip:	LEESBURG, FL 34788	
Title:	D	( ) Delete
Name:	CARPENTER, PAT	
Address:	412 OAK DRIVE	
City-St-Zip:	LEESBURG, FL 34788	
Title:	D	( ) Delete
Name:	JONES, TIMOTHY R	
Address:	220 N LAKE SHORE DR	
City-St-Zip:	LEESBURG, FL 34788	

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:	
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: SHARON JONES T 04/05/2009
Electronic Signature of Signing Officer or Director — Date