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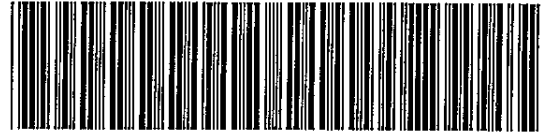
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/27

TRANSMITTAL LETTER

Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Sandpiper Social Homeowners Association, Inc.
(Proposed corporate name – must include suffix)

Enclosed is an **original and one (1) copy** of the articles of incorporation and a check for:

<u> </u> \$70.00	<u> X </u> \$78.75	<u> </u> \$122.50	<u> </u> \$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

FROM: Sandpiper Social Homeowners Association, Inc
Name (Printed or typed)

5883 Mallard Drive
Address

Lakeland FL 33809
City, State & Zip

863-853-2001
Daytime Telephone Number

NOTE: Please provide the original and one copy of the articles

ARTICLES OF INCORPORATION

A corporation Not For Profit.

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I

Name

The name of the corporation shall be:

Sandpiper Social Homeowners Association, Inc.

ARTICLE II

Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be:

Sandpiper Social Homeowners Association, Inc.
5883 Mallard Drive
Lakeland FL 33809

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):

To maintain and improve the Homeowners recreational and social property.
To serve and benefit all adult residents as specified in the By-laws of the Association.

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

As prescribed in the by-laws, all elections will be held annually, by written ballot. The thirteen (13) directors will serve for a term of one year.

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TALLAHASSEE, FLORIDA

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

To perform all legal, membership approved services as required by the by-laws.

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

Wm. R. Harkins, EA
5620 US Hwy 98 N. Suite B
Lakeland, FL. 33809

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is (are):

RICHARD BINDA 6244 CRANE DR. LAKELAND FL 33809	DONNA LAROCHE 6035 MAGPIE DR LAKELAND FL 33809
VERNA ORBAN 726 COCKATOO LOOP LAKELAND FL 33809	NEVA YARBROUGH 5812 CRANE DR LAKELAND FL 33809

The undersigned incorporator has executed these Articles of Incorporation this eighteenth
day of December, 2002.

(An additional article must be added if an effective date is requested)

Signature of Incorporator:

Verna J. Orban - Pres. Verna J. Orban
Typed name of incorporator signing

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

Sandpiper Social Homeowners Association, Inc

(must include suffix)

2. The name and address of the registered agent and office is:

Wm. R. Harkins, EA

(Name)

5620 US Hwy 98 N., Suite B

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

LAKELAND, FL 33809

(City/State/Zip)

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Wm. R. Harkins, EA
(SIGNATURE)

12-18-02
(DATE)