

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000001705**

1. Entity Name  
**SANDPIPER RESORT CO-OP, INC.**



Principal Place of Business

2601 GULF DR N  
#400  
BRADENTON BEACH, FL 34217

Mailing Address

2601 GULF DR N  
#400  
BRADENTON BEACH, FL 34217

**DO NOT WRITE IN THIS SPACE**



03282007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**54-2098661**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BERNSTEIN, DAVID S ESQ  
150 2 AVE N 17 FLOOR  
ST PETERSBURG, FL 33701

**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

*Wayne D. Odom - President* 4/04/07

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000596947  
04/18/07-80019-016 70.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
CLEVELAND, JIM  
2601 GULF DR N 613  
BRADENTON BEACH, FL 34217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SCHUBERT, ROBERT  
2601 GULF DRIVE NORTH # 315  
BRADENTON BEACH, FL 34217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
GUERTIN, VAUGHN  
2601 GULF DR N  
BRADENTON BEACH, FL 34217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
HALL, CHESTER M  
2601 GULF DR N  
BRADENTON BEACH, FL 34217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
ODOM, WAYNE  
2601 GULF DR N #400  
BRADENTON BEACH, FL 34217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

*Wayne D. Odom* 4/04/07 941-737-4820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #