2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005
Secretary of State

DOCUMENT# N04000001160

Entity Name: SANDPIPER WOODS ADDITION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1091 OSPREY WAY
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

1091 OSPREY WAY
LAKELAND, FL 33809

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

DYER, BRIAN
1091 OSPREY WAY
LAKELAND, FL 33809 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: DYER, BRIAN
Address: 1091 OSPREY WAY
City-St-Zip: LAKELAND, FL 33809

Title: TD ( ) Delete
Name: WISHAM, ELORIA J
Address: 1071 OSPREY WAY
City-St-Zip: LAKELAND, FL 33809

Title: VPD ( ) Delete
Name: KEENE, MYRON
Address: 1021 AUDUBON WAY
City-St-Zip: LAKELAND, FL 33809

Title: SD ( ) Delete
Name: FISCUS, SUSAN
Address: 1025 AUDUBON WAY
City-St-Zip: LAKELAND, FL 33809

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 for the exemption stated in Section 119.07(3)(i), 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: BRIAN DYER PRES 09/02/2005
Electronic Signature of Signing Officer or Director — Date