

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

04-16-2007 90064 005 ****61.25

DOCUMENT # N06000006698																																															
1. Entity Name SANDPIPER VILLAGE CONDOMINIUM AT SWEETWATER BY DEL WEBB ASSOCIATION, INC.																																															
Principal Place of Business 5210 BELFORT RD STE 400 JACKSONVILLE, FL 32256			Mailing Address 5210 BELFORT RD STE 400 JACKSONVILLE, FL 32256																																												
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 11555 CENTRAL PARKWAY																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc. 603																																													
City & State		City & State JACKSONVILLE, FL		4. FEI Number 66-1170647																																											
Zip	Country	Zip 32229	Country DUVAL	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent STERLING FIN. & MGMT., INC. 6320 ST AUGUSTINE RD STE 6B JACKSONVILLE, FL 32217				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11555 CENTRAL PARKWAY STE 603 City JACKSONVILLE FL Zip Code 32224																																											
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing) 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																																											
Make check payable to Florida Department of State																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> PD GENOVESC, BILL STREET ADDRESS 5210 BELFORT RD STE 400 CITY-ST-ZIP JACKSONVILLE, FL 32256 </td> <td style="width: 10%; padding: 2px; text-align: center;"> ☐ Delete </td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> PD GENOVESE, BILL STREET ADDRESS 5210 BELFORT ROAD, STE 400 CITY-ST-ZIP JACKSONVILLE FL 32256 </td> <td style="width: 10%; padding: 2px; text-align: center;"> ☒ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> VD COVELL, RICHARD STREET ADDRESS 5210 BELFORT RD STE 400 CITY-ST-ZIP JACKSONVILLE, FL 32256 </td> <td style="padding: 2px; text-align: center;"> ☒ Delete </td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> VD DONAHUE, PAT STREET ADDRESS 5210 BELFORT RD STE 400 CITY-ST-ZIP JACKSONVILLE, FL 32256 </td> <td style="padding: 2px; text-align: center;"> ☐ Change ☒ Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> STD BRATVOLD, VICKI STREET ADDRESS 5210 BELFORT RD STE 400 CITY-ST-ZIP JACKSONVILLE, FL 32256 </td> <td style="padding: 2px; text-align: center;"> ☒ Delete </td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> STD BUDD, SHAWN STREET ADDRESS 5210 BELFORT RD STE 400 CITY-ST-ZIP JACKSONVILLE, FL 32256 </td> <td style="padding: 2px; text-align: center;"> ☐ Change ☒ Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"> ☐ Delete </td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"> ☐ Delete </td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"> ☐ Delete </td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"> ☐ Change ☐ Addition </td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	PD GENOVESC, BILL STREET ADDRESS 5210 BELFORT RD STE 400 CITY-ST-ZIP JACKSONVILLE, FL 32256	☐ Delete	TITLE	PD GENOVESE, BILL STREET ADDRESS 5210 BELFORT ROAD, STE 400 CITY-ST-ZIP JACKSONVILLE FL 32256	☒ Change ☐ Addition	TITLE	VD COVELL, RICHARD STREET ADDRESS 5210 BELFORT RD STE 400 CITY-ST-ZIP JACKSONVILLE, FL 32256	☒ Delete	TITLE	VD DONAHUE, PAT STREET ADDRESS 5210 BELFORT RD STE 400 CITY-ST-ZIP JACKSONVILLE, FL 32256	☐ Change ☒ Addition	TITLE	STD BRATVOLD, VICKI STREET ADDRESS 5210 BELFORT RD STE 400 CITY-ST-ZIP JACKSONVILLE, FL 32256	☒ Delete	TITLE	STD BUDD, SHAWN STREET ADDRESS 5210 BELFORT RD STE 400 CITY-ST-ZIP JACKSONVILLE, FL 32256	☐ Change ☒ Addition	TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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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: <u>Bill Genovese</u> 4-2-07 904-425-6447																																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #																																															