


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90028 012 ****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 11555 CENTRAL PKWY 603 JACKSONVILLE, FL 32227 | | |
| 2. Principal Place of Business - No P.O. Box # 9039 DEL WEBB PKWY Suite, Apt. #, etc. | | 3. Mailing Address 9039 DEL WEBB PKWY Suite, Apt. #, etc. | | | |
| City & State JACKSONVILLE, FL | | City & State JACKSONVILLE, FL | | 4. FEI Number 86-1170647 | |
| Zip 32256 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STERLING FIN. & MGMT., INC. 11555 CENTRAL PKWY STE. 603 JACKSONVILLE, FL 32224 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE PD NAME GENOVESE, BILL STREET ADDRESS 5210 BELFORT RD STE 400 CITY-ST-ZIP JACKSONVILLE, FL 32256 | <input type="checkbox"/> Delete | | TITLE VD NAME DOWELL, JAMES STREET ADDRESS 9031 DEL WEBB PKWY #1306 CITY-ST-ZIP JACKSONVILLE, FL 32256 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE VD NAME DONAHUE, PAT STREET ADDRESS 5210 BELFORT RD. STE 400 CITY-ST-ZIP JACKSONVILLE, FL 32256 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE STD NAME BUDD, SHAWN STREET ADDRESS 5210 BELFORT RD STE 400 CITY-ST-ZIP JACKSONVILLE, FL 32256 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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> | | | 1-8-08 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |