

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90032 010 ****61.25

DOCUMENT # N07719

1. Entity Name
SANDPIPER KEY YACHT CLUB, INC.



Principal Place of Business
**1404 BEACH ROAD
ENGLEWOOD, FL 34223 US**

Mailing Address
**PO BOX 974
ENGLEWOOD, FL 34295 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2562519

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIGNAM, THOMAS M
1201 S MCCALL RD
ENGLEWOOD, FL 34223**

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KEMP, TOM**
STREET ADDRESS **2700 N BEACH RD E-208**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **TD** ☒ Delete
NAME **DIGNAM, DAVID M**
STREET ADDRESS **1201 S MCCALL RD**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **SD** ☒ Delete
NAME **DIGNAM, THOMAS M**
STREET ADDRESS **1201 S MCCALL RD**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **TD** ☐ Delete
NAME **NEWELL, DARRYL**
STREET ADDRESS **3579 S ACCESS RD STE L**
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE **D** ☐ Delete
NAME **FOGO, ERIC**
STREET ADDRESS **200 NORTH OXFORD DRIVE**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Tom Austin, Director** ☐ Change ☒ Addition
NAME **4669 Cordas Rd.**
STREET ADDRESS **Delton, MI 49046**
CITY-ST-ZIP

TITLE **George Rose, Director** ☐ Change ☒ Addition
NAME **1591 Beach Rd Unit 402**
STREET ADDRESS **Englewood, FL 34223**
CITY-ST-ZIP

TITLE **Director commodore** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-08

4174-6715