

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11499

FILED
Jul 21, 2004
Secretary of State

Entity Name: SANDPIPER VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O WALLACE W HARDY
2741 SUNRUNNER LANE
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

2722 SANIBEL PLACE
GULF BREEZE, FL 32563 US

New Mailing Address:

FEI Number: 59-2532520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEATH, BRENDA
2744 SUNRUNNEY LANE
GULF BREEZE, FL 32561 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: DP () Delete
Name: HARDY, WALLACE W
Address: 2741 SUNRUNNER LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: DVP () Delete
Name: WELLS, KEITH
Address: 2733 SUMMERTREE LANE
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: HEATH, BRENDA
Address: 2744 SUNRUNNER LANE
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: BYRNE, JACK
Address: 1069 SANIBEL LANE
City-St-Zip: GULF BREEZE, FL 32561

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: WALLACE W HARDY

DP

07/21/2004

Electronic Signature of Signing Officer or Director

Date