**FILE NOW: FILING FEE IS $61.25**

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**Apr 20, 1999 8:00 am**
**Secretary of State**
04-20-1999 90127 045 ****61.25

005/035

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # N19556

1. Corporation Name

SANDPIPER GOLF & COUNTRY CLUB PROPERTY OWNER'S ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5959 SANDPIPPER'S DR<br>LAKELAND FL 33809<br>US | 5959 SANDPIPERS DR<br>LAKELAND FL 33809<br>US |

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| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>03/05/1987 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2847260 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

HOLLEN, JAMES
6043 CONDOR
LAKELAND FL 33809

**10. Name and Address of New Registered Agent**

| | |
|---|---|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City **FL** 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HOLLEN, JAMES R | | 1.2 NAME | | |
| STREET ADDRESS | 6043 CONDOR | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL 33809 | | 1.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LOVE, ELIZABETH | | 2.2 NAME | | |
| STREET ADDRESS | 6051 CONDOR DR | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BARAN, EDWARD M | | 3.2 NAME | | |
| STREET ADDRESS | 6062 SWALLOW DR | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | OSBORNE, JAMES P | | 4.2 NAME | | |
| STREET ADDRESS | 5717 MALLARD | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL 33809 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | REISNER, MARGARET | | 5.2 NAME | Hockert, Phil | |
| STREET ADDRESS | 6106 KITTIWAKE | | 5.3 STREET ADDRESS | 6152 Swallow Dr | |
| CITY-ST-ZIP | LAKELAND FL | | 5.4 CITY-ST-ZIP | Lakeland, FL 33809 | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BANSBACH, GLEN | | 6.2 NAME | | |
| STREET ADDRESS | 1053 CARACARA CR | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL 33809 | | 6.4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Edward M. Baran ELECTRONICALLY FILED Edward M. Baran 941-859-0761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1/98)