

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90280 017 *****61.25

DOCUMENT # N19556

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



Principal Place of Business

**5883 MALLARD DR
LAKELAND FL 33809
US**

Mailing Address

**5883 MALLARD DR
LAKELAND FL 33809
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2847260**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAM, HARKINS
5617 US HWY 98 NO. STE B
LAKELAND FL 33809**

5620

Name

Street Address (P.O. Box Number is Not Acceptable)

5620 US HWY 98 No. Ste B

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 *William R. Harkins*

William R. Harkins, Treasurer

3-25-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **HARKINS, WILLIAM**
STREET ADDRESS **6078 SANDPIPER'S DR**
CITY-ST-ZIP **LAKELAND FL 33809**

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

TITLE **D** ☐ Delete
NAME **OSBORNE, JAMES P**
STREET ADDRESS **5717 MALLARD**
CITY-ST-ZIP **LAKELAND FL 33809**

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

TITLE **VD** ☐ Delete
NAME **HOCKERT, PHIL**
STREET ADDRESS **6152 SWALLOW DR**
CITY-ST-ZIP **LAKELAND FL 33809**

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

TITLE **PD** ☐ Delete
NAME **LEGERE, DAVID**
STREET ADDRESS **6271 PEACOCK RUN**
CITY-ST-ZIP **LAKELAND FL 33809**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 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 *David Legere* **President**
DAVID LEGERE

3-27-03 **863-859-2532**

CR2E037 (10/02)