2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32850

FILED Jan 19, 2009 Secretary of State

Entity Name: SANDPIPER BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: SANDPIPER BCH CLUB 6414 MIDNIGHT PASS RD SARASOTA, FL 34242 **New Mailing Address: Current Mailing Address:** SAND PIPER BCH CLUB 6414 MIDNIGHT PASS RD SARASOTA, FL 34242 FEI Number: 59-2586813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OBERLE, GEORGE D 6414 MIDNIGHT PASS ROAD SARASOTA, FL 34242 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition YOCUM, JOE Name: Name: 2863 SWIFTON DR. Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: () Delete Title: () Change () Addition RIGSBY, JERRY Name: Name: Address: 9580 HIGH GATE DR. UNIT 1814 Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: Title: () Delete Title: (X) Change () Addition HINES, RICHARD HINES, RICHARD Name: Name: 1654 REDWOOD ST Address: Address: 1654 REDWOOD ST City-St-Zip: SARASOTA, FL 34231 City-St-Zip: SARASOTA, FL 34231 Title: () Delete Title: (X) Change () Addition PETERSON, NANCY Name: Name: PETERSON, NANCY 4947 CEDAR OAK WAY Address: Address: 4947 CEDAR OAK WAY City-St-Zip: SARASOTA, FL 34233 City-St-Zip: SARASOTA, FL 34233 Title: () Delete Title: (X) Change () Addition DOWNHAM, WILLIAM Name: Name: CHASE, SUE 5927 PINE ARBOR DR 5926 CHERRY OAK DR. Address: Address: City-St-Zip: HOUSTON TX 77066 City-St-Zip: VALRICO, FL 33596 Title: () Delete Title: () Change () Addition WHEAT, HARRY Name: Name: Address: P.O. BOX 7369 Address: NORTH PORT, FL 34287 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GEOEGE D. OBERLE D 01/19/2009