

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90090 025 ****61.25

DOCUMENT # N35076					
1. Entity Name SANDPIPER AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8910 TERRENE CT SUITE 200 BONITA SPRINGS, FL 34135 US			Mailing Address 8910 TERRENE CT SUITE 200 BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box # Gulf Breeze Mgmt. Svcs. of SW FL, LLC		3. Mailing Address Gulf Breeze Mgmt. Svcs. of SW FL, LLC			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
4. FEI Number 65-0171365				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEIDNER, RALPH L 8910 TERRENE CT SUITE 200 BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Gulf Breeze Mgmt. Svcs. of SW FL, LLC 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD	NAME CHIPPENDALE, FREDERICK	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4140 LAKE FOREST DR., #1214	CITY-ST-ZIP BONITA SPRINGS, FL 34134		STREET ADDRESS	CITY-ST-ZIP	
TITLE VD	NAME INNES, JAMES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4200 LAKE FOREST DRIVE #1612	CITY-ST-ZIP BONITA SPRINGS, FL 34134		STREET ADDRESS	CITY-ST-ZIP	
TITLE STD	NAME KANITH, RONALD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4140 LAKE FOREST DR., #1213	CITY-ST-ZIP BONITA SPRINGS, FL 34134		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME KING, JOE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4131 LAKE FOREST DR #1111	CITY-ST-ZIP BONITA SPRINGS, FL 34134		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME HAYS, FRANK	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4220 LAKE FOREST DR #912	CITY-ST-ZIP BONITA SPRINGS, FL 34134		STREET ADDRESS	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	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: 			(239) 947-3718		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Fred Chippendale			Date: 2/2/07 Daytime Phone #: vb		