2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N35076

Entity Name: SANDPIPER AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

GULF BREEZE MGMT SVCS, SW FL
8910 TERRENE CT STE 200
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

COMPASS GROUP MANAGEMENT
7400 TAMIAMI TRAIL N STE 101
NAPLES, FL 34108 US

Current Mailing Address:

6GULF BREEZE MGMT SVCS, SW FL
8910 TERRENE CT STE 200
BONITA SPRINGS, FL 34135 US

New Mailing Address:

COMPASS GROUP MANAGEMENT
7400 TAMIAMI TRAIL N STE 101
NAPLES, FL 34108 US

FEI Number: 65-0171365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE CT
SUITE 200
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

COMPASS GROUP MANAGEMENT
7400 TAMIAMI TRAIL N
STE 101
NAPLES, FL 34108 US

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: JEFF MITCHELL 05/01/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHIPPENDALE, FREDERICK
Address: 4140 LAKE FOREST DR., #1214
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD ( ) Delete
Name: INNES, JAMES
Address: 4200 LAKE FOREST DRIVE #1612
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD ( ) Delete
Name: KANITH, RONALD
Address: 4140 LAKE FOREST DR., #1213
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete
Name: KING, JOE
Address: 4131 LAKE FOREST DR #1111
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete
Name: HAYS, FRANK
Address: 4220 LAKE FOREST DR #912
City-St-Zip: BONITA SPRINGS, FL 34134

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:

Title: ( ) Change ( ) Addition
Name:
Address:
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: F CHIPPENDALE P 05/01/2008
Electronic Signature of Signing Officer or Director Date