

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name
Sandpiper at Indian River Plantation Condominium
Association, Inc.

Principal Place of Business

555 NE Ocean Blvd.
Hutchinson Island
Stuart, FL 34996

Mailing Address

555 NE Ocean Blvd.
Hutchinson Island
Stuart, FL 34996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

Stephen H. Osburn
585 NE Ocean Blvd.
Suite 204
Stuart, FL 34996

3. Date Incorporated or Qualified

10/5/90

3a. Date of Last Report

5/1/96

4. FEI Number

23-2292398

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Corporation Service Company

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

1201 Hays Street

83

84 City

Tallahassee

FL

85 Zip Code

32301

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

Karen B. Rozar, As Its Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P ☒ DELETE

NAME Stephen J. Powers
STREET ADDRESS 555 NE Ocean Blvd.
CITY-ST-ZIP Stuart, FL 34996

TITLE D/P ☒ DELETE

NAME Stephen H. Osburn
STREET ADDRESS 585 NE Ocean Blvd.
CITY-ST-ZIP Stuart, Florida 34996

TITLE D/S/T ☒ DELETE

NAME John Dykinga
STREET ADDRESS 585 NE Ocean Blvd.
CITY-ST-ZIP Stuart, FL 34996

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition

1.2 NAME Timothy Digby
1.3 STREET ADDRESS 555 NE Ocean Blvd.
1.4 CITY-ST-ZIP Stuart, FL 34996

2.1 TITLE S/T/D ☒ Change ☐ Addition

2.2 NAME Terri Barnett
2.3 STREET ADDRESS 555 NE Ocean Blvd.
2.4 CITY-ST-ZIP Stuart, FL 34996

3.1 TITLE V/D ☒ Change ☐ Addition

3.2 NAME Jeffrey A. Bloom
3.3 STREET ADDRESS 555 NE Ocean Blvd.
3.4 CITY-ST-ZIP Stuart, FL 34996

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 100002156301--9
4.4 CITY-ST-ZIP -04/28/97--01041--012
*****61.25 *****61.25

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

Date

561-225-3700

Daytime Phone #

CR2E037 (9/96)