

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90013 026 ****61.25

DOCUMENT # N40647	
1. Entity Name SANDPIPER ISLE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 8770 GRASSY ISLE TRAIL LAKE WORTH FL 33467 US	Mailing Address 8770 GRASSY ISLE TRAIL LAKE WORTH FL 33467 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)	
4. FEI Number 65-0314654	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ST. JOHN, CORE & LEMME, P.A. 1601 FORUM PLACE, SUITE 701 W. PALM BEACH FL 33401	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 <i>X</i>	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAFORTE, JOSEPH 5464 WHITE SAND COVE LAKE WORTH FL 33467 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VEZINA, RAY 8656 GRASSY ISLE TRAIL LAKE WORTH FL 33467 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDSTEIN, SHIRLEY 8744-GRASSY ISLE TRAIL LAKE WORTH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TANNER, AL 5440 WHITE SANDS COVE LAKE WORTH FL 33467 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LUPO, JOSEPH 5480 WHITE SANDS COVE LAKE WORTH FL 33467 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>Sec'y. Gregg Marconi 5443 White Sands Cove Lake Worth FL 33467</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>Director Fred Roberts 5488 White Sands Cove Lake Worth FL 33467</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: *Shirley Goldstein* Shirley Goldstein 01-22-08 561.433.2141