

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N48447 1. Entity Name SANDPIPER COVE HOMEOWNERS ASSOCIATION, INC.				FILED 08 DEC 30 PM 12: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 300 AVE OF THE CHAMPIONS SUITE 120 PALM BEACH GARDENS, FL 33418		Mailing Address 300 AVE OF THE CHAMPIONS SUITE 120 PALM BEACH GARDENS, FL 33418		10182008 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0329069 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business - No P.O. Box # 11784 W. Sample Rd		3. Mailing Address 11784 W. Sample Rd			
Suite, Apt. #, etc. #103		Suite, Apt. #, etc. #103			
City & State Coral Springs FL		City & State Coral Springs, FL			
Zip 33065		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUEEN, SUSAN M 300 AVE OF THE CHAMPIONS SUITE 120 PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent Name United Community Mgt. Corp. Street Address (P.O. Box Number is Not Acceptable) 11784 W. Sample Rd #103 Coral Springs FL 33065	
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 <u>Denise Campbell V.P. Finance United Comm Mgmt</u> 12/23/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	P WISE, JACK 300 AVE OF THE CHAMPIONS 120 PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300139355613 12/30/08--01033--002--**61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUBIN, DAVE 300 AVE OF THE CHAMPIONS 120 PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SILK, MARILYN 300 AVE OF THE CHAMPIONS 120 PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUCZYNSKI, BILL 300 AVE OF THE CHAMPIONS 120 WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARVEY, TALL 300 AVE OF THE CHAMPIONS 120 WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>J. Wise Pres. for Sandpiper</u> 12/16/08 624-6814 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					