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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N93000001810 (1) ✓
1. Corporation Name
SANDPIPER COVE CONDOMINIUM HOMEOWNERS' ASSOCIATION, INC.



2. Principal Place of Business

1. 1745 GOLF BLVD
ENGLEWOOD, FLA. 34223

2. 1745 GOLF BLVD UNIT #16
ENGLEWOOD, FLA. 34223

2a. Mailing Address

26. 1745 GOLF BLVD
Suite, Apt. #, etc. Unit #16
City & State ENGLEWOOD FLA.
Zip 34223 Country USA

3. Date Incorporated or Qualified
04/22/1993

4. FEI Number
65-0417087

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

THOMAS J. HENRY, JR.
7217 DEEGAN ST.
ENGLEWOOD, FLA. 34224

10. Name and Address of New Registered Agent

81 Name JANET POTTS
82 Street Address (P.O. Box Number is Not Acceptable) 1745 GOLF BLVD
83 Unit # 11
84 City ENGLEWOOD FL 85 Zip Code 34223

I, the undersigned, being a director or officer of the corporation, do hereby certify that the above-named corporation submits this statement for the purpose of changing its 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 *Janet E. Potts* JANET E. POTTS DATE 4/30/99

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.2 NAME	
CITY - ST - ZIP		1.3 STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	
STREET ADDRESS		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		2.2 NAME	
NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY - ST - ZIP	
CITY - ST - ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
NAME	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
NAME	<input checked="" type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY - ST - ZIP		5.2 NAME	
NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY - ST - ZIP	
CITY - ST - ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

I 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.

Janet E. Potts, Secretary 4/30/99