

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90016 037 \*\*\*\*61.25

**DOCUMENT # N93000001810**

1. Entity Name

**SANDPIPER COVE CONDOMINIUM HOMEOWNERS' ASSOCIATI**

Principal Place of Business

1745 GULF BLVD.  
 #16  
 ENGLEWOOD FL 34223  
 US

Mailing Address

1745 GULF BLVD.  
 #16  
 ENGLEWOOD FL 34223  
 US

**716265**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0417087**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POTTIS, JANET**  
**1745 GULF BLVD**  
**UNIT #11**  
**ENGLEWOOD FL 34223**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD FRENCH, H. WELLS**  
 STREET ADDRESS **1745 GULF BLVD.**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE  Change  Addition  
 NAME **1745 GULF BLVD #6**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD ST. PIERRE, RANDALL**  
 STREET ADDRESS **1745 GULF BLVD. #5**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **VD**  Change  Addition  
 NAME **BRENDA IRELAND**  
 STREET ADDRESS **1745 GULF BLVD #2**  
 CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE  Delete  
 NAME **STD POTTS, JANET E**  
 STREET ADDRESS **1745 GULF BLVD.#16**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D PEKAR, STEPHAN**  
 STREET ADDRESS **1705 GULF BLVD # 13**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D DAVESON, HENRY R**  
 STREET ADDRESS **1745 GULF BLVD**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **1745 GULF BLVD # 10**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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: JANET E POTTS  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01  
 Date

94-474-1729  
 Daytime Phone #

CR2E037 (10/00)