

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90207 018 ****61.25

DOCUMENT # N93000001810

1. Entity Name

**SANDPIPER COVE CONDOMINIUM HOMEOWNERS' ASSOCIATI
 ON, INC.**

Principal Place of Business

Mailing Address

1745 GULF BLVD.
 #16
 ENGLEWOOD FL 34223
 US

1745 GULF BLVD.
 #16
 ENGLEWOOD FL 34223
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0417087

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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 | PD | <input type="checkbox"/> Delete |
| NAME | FRENCH, H. WELLS | |
| STREET ADDRESS | 1745 GULF BLVD., #6 | |
| CITY-ST-ZIP | ENGLEWOOD FL 34223 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | IRELAND, BRENDA | |
| STREET ADDRESS | 1745 GULF BLVD., #2 | |
| CITY-ST-ZIP | ENGLEWOOD FL 34223 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | POTTIS, JANET E | |
| STREET ADDRESS | 1745 GULF BLVD.#16 | |
| CITY-ST-ZIP | ENGLEWOOD FL 34223 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | PEKAR, STEPHAN | |
| STREET ADDRESS | 1705 GULF BLVD # 13 | |
| CITY-ST-ZIP | ENGLEWOOD FL 34223 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DAVIESON, HENRY R | |
| STREET ADDRESS | 1745 GULF BLVD., #10 | |
| CITY-ST-ZIP | ENGLEWOOD FL 34223 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOAN MATTHEWS | |
| STREET ADDRESS | 1745 GULF BLVD #14 | |
| CITY-ST-ZIP | ENGLEWOOD FL 34223 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RANDALL ST. PIERRE | |
| STREET ADDRESS | 1745 GULF BLVD #5 | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34223 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 Potts
JANET POTTIS 5/27/02 203 866-3387
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)