



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90406 042 ****61.25

DOCUMENT # N93000001810					
1. Entity Name SANDPIPER COVE CONDOMINIUM HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1745 GULF BLVD. #16 ENGLEWOOD, FL 34223 US		Mailing Address 1745 GULF BLVD. #16 ENGLEWOOD, FL 34223 US		<p>24000</p>  <p>02162004 Chg-NP CR2E037 (10/03)</p>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0417087	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POTTS, JANET X E 1745 GULF BLVD UNIT #11 ENGLEWOOD, FL 34223			Name <u>JANET E. POTTS</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 <u>Janet E. Potts</u> <u>JANET E. POTTS</u>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>2/15/04</u>	
Filing Fee is \$61.25 Due by May 1, 2004		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	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, H. WELLS		NAME		
STREET ADDRESS	1745 GULF BLVD., #6		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, JOAN		NAME		
STREET ADDRESS	1745 GULF BLVD # 24		STREET ADDRESS	1745 GULF BLVD # 14	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTS, JANET E		NAME		
STREET ADDRESS	1745 GULF BLVD #16		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERRE, RANDALL ST		NAME	JOSEPH KARPOWICH	
STREET ADDRESS	1745 GULF BLVD # 5		STREET ADDRESS	1745 GULF BLVD # 9	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIESON, HENRY R		NAME		
STREET ADDRESS	1745 GULF BLVD., #10		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Janet E. Potts</u> <u>JANET E. POTTS</u>		DATE: <u>2/15/04</u>		DAYTIME PHONE #: <u>941-474-1729</u>	