

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2007  
Secretary of State**

DOCUMENT# N93000001810

Entity Name: SANDPIPER COVE CONDOMINIUM HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1745 GULF BLVD.  
#16  
ENGLEWOOD, FL 34223 US

**New Principal Place of Business:**

**Current Mailing Address:**

1745 GULF BLVD.  
#16  
ENGLEWOOD, FL 34223 US

**New Mailing Address:**

FEI Number: 65-0417087      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POTTS, JANET E  
1745 GULF BLVD  
UNIT #11  
ENGLEWOOD, FL 34223 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: EMSHOUSEN, FRED  
Address: 1745 GULF BLVD., #8  
City-St-Zip: ENGLEWOOD, FL 34223

Title: PD ( ) Delete  
Name: MATTHEWS, JOAN  
Address: 1745 GULF BLVD #14  
City-St-Zip: ENGLEWOOD, FL 34223

Title: STD ( ) Delete  
Name: POTTS, JANET E  
Address: 1745 GULF BLVD.#16  
City-St-Zip: ENGLEWOOD, FL 34223

Title: VD ( ) Delete  
Name: KARPOWICH, JOSEPH  
Address: 1745 GULF BLVD #9  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete  
Name: DAVIESON, HENRY R  
Address: 1745 GULF BLVD., #10  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET E POTTS

STD

04/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date