


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90109 006 ****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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**POTTS, JANET
1745 GULF BLVD
UNIT #11
ENGLEWOOD FL 34223**

SPELLED INCORRECTLY

4. FEI Number **65-0417087**

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name **~~POTTS, JANET~~**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Janet E Potts* DATE **1/16/03**

Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME PD FRENCH, H. WELLS	<input type="checkbox"/> Delete	TITLE NAME D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1745 GULF BLVD., #6		STREET ADDRESS	
CITY-ST-ZIP ENGLEWOOD FL 34223		CITY-ST-ZIP	
TITLE NAME VD MATTHEWS, JOAN	<input type="checkbox"/> Delete	TITLE NAME D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1745 GULF BLVD # 24		STREET ADDRESS	
CITY-ST-ZIP ENGLEWOOD FL 34223		CITY-ST-ZIP	
TITLE NAME STD POTTS, JANET E	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1745 GULF BLVD.#16		STREET ADDRESS	
CITY-ST-ZIP ENGLEWOOD FL 34223		CITY-ST-ZIP	
TITLE NAME D PIERRE, RANDALL ST	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1745 GULF BLVD # 5		STREET ADDRESS	
CITY-ST-ZIP ENGLEWOOD FL 34223		CITY-ST-ZIP	
TITLE NAME D DAVIESON, HENRY R	<input type="checkbox"/> Delete	TITLE NAME YD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1745 GULF BLVD., #10		STREET ADDRESS	
CITY-ST-ZIP ENGLEWOOD FL 34223		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or other like empowered.

SIGNATURE: *Janet E Potts* **REQUIRET JANET E. POTTS 1/16/03 941-474-1729**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)