

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90062 041 \*\*\*\*61.25

<b>DOCUMENT # N95000002883</b> 1. Entity Name <b>SANDPIPER LANDING ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O DEVELOPMENT CONSULTANT, INC.</b> <b>2035 HARDIG ST. SUITE 200</b> <b>HOLLYWOOD, FL 33020</b>		Mailing Address <b>C/O DEVELOPMENT CONSULTANT, INC.</b> <b>2035 HARDIG ST. SUITE 200</b> <b>HOLLYWOOD, FL 33020</b>	
2. Principal Place of Business - No P.O. Box # <b>Association Services of Fla</b> Suite, Apt. #, etc. <b>10112 USA Today Way</b>		3. Mailing Address <b>Association Services of Fla.</b> Suite, Apt. #, etc. <b>10112 USA Today Way</b>	
City & State <b>MIRAMAR, Florida</b>		City & State <b>MIRAMAR, Florida</b>	
Zip <b>33025</b>	Country <b>USA</b>	Zip <b>33025</b>	Country <b>USA</b>
4. FEI Number <b>65-0639673</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANDREW MEYROWITZ</b> <b>C/O DEVELOPMENT CONSULTANT INC.</b> <b>2035 HARDING STREET SUITE #200</b> <b>HOLLYWOOD, FL 33020</b>		7. Name and Address of New Registered Agent Name <b>BARBARA HERNDON, PRESIDENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>ASSOCIATION SERVICES OF FLORIDA</b> <b>10112 USA Today Way</b> City <b>MIRAMAR</b> <b>FL</b> Zip Code <b>33025</b>	
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><i>Barbara Herndon</i></u> <span style="float: right;">2/7/08</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUGLER, WERNER 5111 HERON COURT COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLUM, GARY 5030 HERON COURT COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERGER, IAN 5008 HERON COURT COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUM, MARVIN 5026 HERON COURT COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>FEBRUARY 4, 2008</u> <span style="float: right;">954.683-2788</span> <small>Daytime Phone #</small>	