

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90053 036 \*\*\*\*61.25

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<b>DOCUMENT # N95000004356</b> 1. Entity Name <b>SANDPIPER GREENS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O SCHOO MGMT, INC.          9411 CYPRESS LAKE DR. STE 2          FORT MYERS, FL 33919 US</b>		Mailing Address <b>C/O SCHOO MANAGEMENT, INC.          9411-2 CYPRESS LAKE DRIVE          FORT MYERS, FL 33919 US</b>	
2. Principal Place of Business - No P.O. Box # <b>8359 Beacon Blvd.</b>		3. Mailing Address <b>21301 S. Tamiami Tr.</b>	
Suite, Apt. #, etc. <b>Suite 213</b>		Suite, Apt. #, etc. <b>Suite 320 PMB335</b>	
City & State <b>Fort Myers FL</b>		City & State <b>Estero FL</b>	
Zip <b>33907</b>		Zip <b>33928</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>65-0644198</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>GELLES, ROBERT          C/O SCHOO MANAGEMENT, INC.          9411-2 CYPRESS LAKE DRIVE          FORT MYERS, FL 33919</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Hayden + Associates</b> Street Address (P.O. Box Number is Not Acceptable) <b>8359 Beacon Blvd.</b> Suite 213 City <b>FT. MYERS</b> <b>FL</b> Zip Code <b>33907</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>[Signature]</i></u> DATE <u>3-9-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>			
TITLE	<b>DT</b> <b>SHELTON, LARRY</b> <b>25161 SANDPIPER GREENS COURT #303</b> <b>BONITA SPRINGS, FL 34134</b>	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	<b>VD</b> <b>MASTERS, DICK</b> <b>25140 SANDPIPER GREENS CT., #101</b> <b>BONITA SPRINGS, FL 34134</b>	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	<b>PD</b> <b>MONACO, LARRY</b> <b>25161 SANDPIPER GREENS CT., #204</b> <b>BONITA SPRINGS, FL 34134</b>	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	<b>D</b> <b>ROBSON, MONTY</b> <b>14201 BROOKLINE CT</b> <b>WICHITA, KS 67230</b>	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	<b>SD</b> <b>SCHMIDT, CHRISTINA</b> <b>25160 SANDPIPER GREENS CT</b> <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY - ST - ZIP			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	<b>T</b> <b>Maquire, Jim</b> <b>25160 Sandpiper Greens Ct. #203</b> <b>Bonita Springs, FL 34134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	<b>S</b> <b>Koop, Kandyce</b> <b>25160 Sandpiper Greens Ct. #102</b> <b>Bonita Springs, FL 34134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	<b>D</b> <b>Paver, Judy</b> <b>25161 Sandpiper Greens Ct. #201</b> <b>Bonita Springs, FL 34134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
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> DATE <u>3-9-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			