2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000005929

1. Entity Name
SANDPIPER WEST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
107 SANDPIPER BOULEVARD ST AUGUSTINE, FL 32080	107 SANDPIPER BOULEVARD ST AUGUSTINE, FL 32080

DO NOT WRITE IN THIS SPACE

04032008 No Chg-NP   CR2E037 (4/06)

4. FEI Number 59-3507252	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

MOUSE, TIM
107 SANDPIPER BOULEVARD
ST AUGUSTINE, FL 32080

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	TSD
NAME	MOUSE, TIM
STREET ADDRESS	107 SANDPIPER BOULEVARD
CITY-ST-ZIP	ST AUGUSTINE, FL 32080

TITLE	VPD
NAME	TARSA, FRED
STREET ADDRESS	131-C DEL RIO MAR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084

TITLE	D
NAME	MOUSE, BETTY JANE
STREET ADDRESS	107 SANDPIPER BOULEVARD
CITY-ST-ZIP	ST AUGUSTINE, FL 32080

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000896887
04/18/08-80076-009 70.00

DO NOT WRITE IN THIS SPACE

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: _Timothy Mouse_   4-3-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #