


FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90024 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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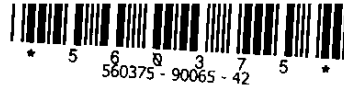
DOCUMENT # N98000001377

1. Corporation Name

SANDPIPER VILLAS AT AQUARINA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 235 HAMMOCK SHORE DRIVE
 MELBOURNE BEACH FL 32951

Mailing Address
 235 HAMMOCK SHORE DRIVE
 MELBOURNE BEACH FL 32951



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/09/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3490885	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24		29			
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEALS, ROBERT L ESQ
1800 WEST HIBISCUS BOULEVARD
SUITE 138
MELBOURNE FL 32902-1870

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, JAMES	1.2 NAME	
STREET ADDRESS	235 HAMMOCK SHORE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, MONRIE	2.2 NAME	
STREET ADDRESS	235 HAMMOCK SHORE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFFMAN, GEORGIA	3.2 NAME	
STREET ADDRESS	235 HAMMOCK SHORE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 407-723-2522

CR2E037 (1/98)