

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 24, 2005 08:00 AM  
Secretary of State

DOCUMENT # P92000009105

1. Entity Name

SANDPIPER BEACH CLUB REALTY, INC.



Principal Place of Business

6414 MIDNIGHT PASS RD  
SARASOTA FL 34242

Mailing Address

6414 MIDNIGHT PASS RD  
SARASOTA FL 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0379940

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OBERLE, GEORGE D JR  
6414 MIDNIGHT PASS ROAD  
SARASOTA FL 34242

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

T ☐ Delete  
NAME YOCUM, JOE  
STREET ADDRESS 2863 SWIFTON DR #53  
CITY-STATE-ZIP SARASOTA FL 34231

V ☐ Delete  
NAME BURCKLE, JAY  
STREET ADDRESS 4454 DIAMOND CIRCLE SOUTH  
CITY-STATE-ZIP SARASOTA FL 34233

P ☐ Delete  
NAME HINES RICHARD  
STREET ADDRESS 1654 REDWOOD ST  
CITY-STATE-ZIP SARASOTA FL 34231

V ☐ Delete  
NAME DOWNHAM, WILLIAM  
STREET ADDRESS 5927 PINE ARBOR DR  
CITY-STATE-ZIP HOUSTON TX 77066

S ☐ Delete  
NAME PETERSON, NANCY  
STREET ADDRESS 4947 CEDAR OAK WAY  
CITY-STATE-ZIP SARASOTA FL 34233

D ☐ Delete  
NAME DEVERY, WAYNE  
STREET ADDRESS 6415 MIDNIGHT PASS #808  
CITY-STATE-ZIP SARASOTA FL 34242

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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NAME  
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CITY-STATE-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/05 (941) 346-0922