

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90106 021 ***150.00

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 - No P.O. Box #

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

1st MOORE

CR2E034 (10/06)

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	YOCUM, JOE	
STREET ADDRESS	2863 SWIFTON DR #53	
CITY-STATE-ZIP	SARASOTA FL 34231	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BURCKLE, JAY	
STREET ADDRESS	4454 DIAMOND CIRCLE SOUTH	
CITY-STATE-ZIP	SARASOTA FL 34233	
TITLE	P	<input type="checkbox"/> Delete
NAME	HINES RICHARD	
STREET ADDRESS	1654 REDWOOD ST	
CITY-STATE-ZIP	SARASOTA FL 34231	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOWNHAM, WILLIAM	
STREET ADDRESS	5927 PINE ARBOR DR	
CITY-STATE-ZIP	HOUSTON TX 77066	
TITLE	S	<input type="checkbox"/> Delete
NAME	PETERSON, NANCY	
STREET ADDRESS	4947 CEDAR OAK WAY	
CITY-STATE-ZIP	SARASOTA FL 34233	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEVERY, WAYNE	
STREET ADDRESS	6415 MIDNIGHT PASS #808	
CITY-STATE-ZIP	SARASOTA FL 34242	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY RIGSBY	
STREET ADDRESS	9580 HIGH GATE DR. UNIT 1814	
CITY-STATE-ZIP	SARASOTA, FL 34238	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY WHEAT	
STREET ADDRESS	P.O. BOX 7369	
CITY-STATE-ZIP	NORTH PORT, FL 34287	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

George Oberle GEORGE OBERLE

Date

Daytime Phone #

941

346-0922

6603