Applied For Not Applicable \$8;75-Additional-

Fee Required

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Suite, Apt.#, etc.

City & State

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FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90147 038 ***150.00

DOCUMENT # P98000048166

City & State

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SANDPIPER VILLAS AT PELICAN BAY, INC.

Principal Place of Business	Mailing Address
4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216	4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216
2. Principal Place of Business	2a. Mailing Address

25 29 9. Name and Address of Current Registered Agent

ANSBACHER, LEWIS 100 NATIONAL FINANCIAL BUILDING 4215 SOUTHPOINT BLVD. JACKSONVILLE FL 32216

Country

DO NOT WRITE IN THIS SPACE

	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be . Added to Fees	
	This corporation owes the curre Personal Property Tax.	ent year	r Intangible	
1	0. Name and Address of New R	egister	red Agent	_

1	10. Name and Address of New Registered Agent						
81	Name						
82	Street Address (P.O. Box Number is Not Acceptable)						
83							
84	City FL 85 Zip Code						

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

05/29/1998

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

Country

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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	D	☐ DELETE	1.1 TITLE	0/8	Change	☐ Addition	
NAME	ADLEY, JAMIE	•	1.2 NAME	Adley, Jamie	,		
STREET ADDRESS	TWO SUGAR CREEK COURT		1.3 STREET ADDRESS	long Cormorary Ur	de	أمير	
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 City-St-ZiP	Daytona Beac		2710	
TITLE	D	☐ DELETE	2.1 TITLE	O(V)	Change	☐ Addition	
NAME	SCHWARTZ, WINSTON	,	2.2 NAME	Schwartz, Winston	,		
STREET ADDRESS	TWO SUGAR CREEK COURT		2.3 STREET ADDRESS	nne Cormorant Ci	آخافي -		
CITY-ST-ZIP	ORMOND BEACH FL 32174		2. 4 CITY-ST-ZIP	Daytona Leac		32119	
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS	~		4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change	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 607, 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:

904 760 -2555