

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90002 003 ***558.75

DOCUMENT # V29631

1. Entity Name

SANDPIPER COVE MANAGEMENT COMPANY



Principal Place of Business

**357 HIATT DRIVE
A
PALM BEACH GARDENS FL 33418**

Mailing Address

**357 HIATT DRIVE
A
PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

8895 N. Military Trail

3. Mailing Address

✓8895 N. Military Trail

Suite, Apt. #, etc.

Suite 101B

Suite, Apt. #, etc.

Suite 101B

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number

65-0329070

Applied For

Not Applicable

Zip

33410

Country

Palm Beach

Zip

33410

Country

Palm Beach

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

**ECCLESTONE, E. LLWYD, III
357 HIATT DRIVE
SUITE A
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name

✓Ecclestone, E. Llwyd, III

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

8895 N. Military Trail,

Suite 101B

City

Palm Beach Gardens

FL

Zip Code

33410

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, 2004 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

TITLE **PD** ☐ Delete
NAME **ECCLESTONE, E. LLWYD, III**
STREET ADDRESS **357 HIATT DRIVE STE A**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **S** ☐ Delete
NAME **PIRETTI, ROSANNE**
STREET ADDRESS **357 HIATT DRIVE STE A**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **V** ☒ Delete
NAME **THOMAS, GARY**
STREET ADDRESS **357 HIATT DRIVE STE A**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **T** ☐ Delete
NAME **SHUGARS, CATHERINE J**
STREET ADDRESS **357 HIATT DR STE A**
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Chairman, CEO** ☒ Change ☐ Addition
NAME **✓Ecclestone, E. Llwyd III**
STREET ADDRESS **8895 N. Military Trail, Suite 101B**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **S** ☒ Change ☐ Addition
NAME **✓Piretti, Rosanne**
STREET ADDRESS **8895 N. Military Trail, Suite 101B**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Change ☐ Addition
NAME **✓Shugars, Catherine J**
STREET ADDRESS **8895 N. Military Trail, Suite 101B**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE ☐ Change ☒ Addition
NAME **President**
STREET ADDRESS **Rapaport, Jonathan**
CITY-ST-ZIP **8895 N. Military Trail, Suite 101B**
Palm Beach Gardens, FL 33410

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

6/18/04

Date

Daytime Phone #

Catherine J. Shugars