

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714254

Entity Name: SANDPIPER BAY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**MORNINGSIDE LIBRARY
2410 MORNINGSIDE BLVD.
PORT SAINT LUCIE, FL 34952**Current Mailing Address:**P.O. BOX 7111
PORT ST. LUCIE, FL 34985-7111 US**FEI Number: 74-3004549****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KALER, DOUGLAS BRIAN
2750 S.E. PINE VALLEY ST.
PORT SAINT LUCIE, FL 34952 US*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.***SIGNATURE:** DOUGLAS BRIAN KALER

03/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREA
Name	KALER, DOUGLAS TREASUR
Address	2750 S.E. PINE VALLEY ST.
City-State-Zip:	PORT SAINT LUCIE FL 34952
Title	VP
Name	HARRIS, DON
Address	1726 S.E. WESTMORELAND BLVD
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	PRESIDENT
Name	LEMYRE, LYNN
Address	2874 S.E. ITALY ST.
City-State-Zip:	PORT ST. LUCIE FL 34952
Title	ASST. SECRETARY
Name	LEMYRE, LYNN
Address	2874 SE ITALY STREET
City-State-Zip:	PORT SAINT LUCIE FL 34952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS B. KALER

TREASURER

03/24/2015

Electronic Signature of Signing Officer/Director Detail

Date