

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010509

Entity Name: SANDPIPER PLAZA, INC.**Current Principal Place of Business:**10782 S US #1
PORT ST LUCIE, FL 34952**Current Mailing Address:**2042 SE HANFORD ROAD
PORT ST LUCIE, FL 34952**FEI Number:** 46-0518730**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWANSON, DEBRA L
2042 SE HANFORD ROAD
PORT ST 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PTD
Name	SWANSON, DEBRA L
Address	2042 SE HANFORD RD
City-State-Zip:	PORT ST LUCIE FL 34952

Title	VD
Name	SWANSON, DOUGLAS R JR.
Address	1710 FISHERVILLE RD
City-State-Zip:	COASTSVILLE PA 19320

Title	D
Name	SWANSON, DOUGLAS R III
Address	1710 FISHERVILLE RD
City-State-Zip:	COASTSVILLE PA 19320

Title	SD
Name	SWANSON, CORISSA L
Address	7862 FISHER ISLAND DRIVE
City-State-Zip:	MIAMI BEACH FL 33109

Title	D
Name	SWANSON, KARL S
Address	2042 SE HANFORD ROAD
City-State-Zip:	PORT ST. 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA L SWANSON**PRESIDENT****04/01/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date