

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747820 (9)

1. Corporation Name

SANDPIPER AT THE CALIFORNIA CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 19961 N.E. 5TH COURT NORTH MIAMI BEACH FL 33179-3046 US
Mailing Address: 19961 N.E. 5TH COURT NORTH MIAMI BEACH FL 33179-3046 US

3. Date Incorporated or Qualified: 06/26/1979
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1993676
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc. (27)
23. City & State (28)
24. Zip (29), Country (30)

9. Name and Address of Current Registered Agent
SAMUELS
566 NE 199TH TERR
N MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent
81 Name: JAMES D. LEVENSON PRES
82 Street Address (P.O. Box Number is Not Acceptable): 19961 NE 5TH COURT
83
84 City: NORTH MIAMI BCH FL
85 Zip Code: 33179-3046

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *James D. Levenson* JAMES D. LEVENSON PRESIDENT 4/30/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	SAMUELS, REGINA	
STREET ADDRESS	566 NE 199TH TERR	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	VD	<input type="checkbox"/>
NAME	SILVER, GLORIA	
STREET ADDRESS	578 NE 199TH TERR	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/>
NAME	KLEIN, S C	
STREET ADDRESS	579 NE 199TH TERR	
CITY-ST-ZIP	N MIAMI FL	
TITLE	SD	<input type="checkbox"/>
NAME	GAER, ROSE	
STREET ADDRESS	19983 NE 6TH CT.	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	S	<input checked="" type="checkbox"/>
NAME	BLUMBERG, STAN	
STREET ADDRESS	19977 NE 6TH CT	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	EINHORN, FRED	
STREET ADDRESS	542 NE 199TH LANE	
CITY-ST-ZIP	N MIAMI BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	JAMES D. LEVENSON		
1.3 STREET ADDRESS	19949 NE 5TH CT		
1.4 CITY-ST-ZIP	N MIAMI BCH FL		
2.1 TITLE	ATD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	SOLOMON HAKIM		
2.3 STREET ADDRESS	520 NE 199TH TER		
2.4 CITY-ST-ZIP	N MIAMI BCH FL		
3.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	ALAN STAPLE		
3.3 STREET ADDRESS	19984 NE 5TH CT		
3.4 CITY-ST-ZIP	N MIAMI BCH FL		
4.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	JANE SCHULMAN		
4.3 STREET ADDRESS	518 NE 199TH TER		
4.4 CITY-ST-ZIP	N MIAMI BCH FL		
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	IZADORE WEINSTEIN		
5.3 STREET ADDRESS	592 NE 199TH TER		
5.4 CITY-ST-ZIP	N MIAMI BCH FL		
6.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	ADELE KLINE		
6.3 STREET ADDRESS	514 NE 199TH LANE		
6.4 CITY-ST-ZIP	N MIAMI BCH FL		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James D. Levenson* PRES JAMES D. LEVENSON 4/30/96 651-4374
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E037 (12/95)