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 Apr 09 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
 19961 N.E. 5TH COURT NORTH MIAMI BEACH FL 33179-3046 US
 19961 N.E. 5TH COURT NORTH MIAMI BEACH FL 33179-3001 US

3. Date Incorporated or Qualified 06/26/1979
 3a. Date of Last Report 05/01/1996
 4. FEI Number 59-1993676
 Applied For Not Applicable
 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 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
 LEVENSON, JAMES D
 19961 NE 5TH CT.
 N MIAMI BEACH FL 33179

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD LEVENSON, JAMES D 19949 NE 5TH CT. N MIAMI BCH FL | 1.1 TITLE | VD PIERRE DUMAINE 500 NE 199 TER N MIAMI BCH FL |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | D SILVER, GLORIA 578 NE 199TH TERR N MIAMI BCH FL | 2.1 TITLE | D SILVER, GLORIA 578 NE 199 TER N MIAMI BCH FL |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | D KLEIN, S C 579 NE 199TH TERR N MIAMI FL | 3.1 TITLE | TD PATACIA GARDNER 505 NE 199 LN N MIAMI BCH FL |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | SD GAER, ROSE 19983 NE 6TH CT. N MIAMI BCH FL | 4.1 TITLE | D HARRINGTON WALTERS 561 NE 199 TER N MIAMI BCH FL |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | D WEINSTEIN, IZADORE 592 NE 199TH TERR. N MIAMI BCH FL | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | D KLINE, ADELE 514 NE 199TH LANE N MIAMI BCH FL | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

| | | |
|--------------------|---|--|
| 1.1 TITLE | VD PIERRE DUMAINE 500 NE 199 TER N MIAMI BCH FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | D SILVER, GLORIA 578 NE 199 TER N MIAMI BCH FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | TD PATACIA GARDNER 505 NE 199 LN N MIAMI BCH FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | D HARRINGTON WALTERS 561 NE 199 TER N MIAMI BCH FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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 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* JAMES D. LEVENSON 4/3/97 305-653-8108
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033197

CR2E037 (9/96)