

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 747820 (9)**  
1. Corporation Name  
**SANDPIPER AT THE CALIFORNIA CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>19961 N.E. 5TH COURT NORTH MIAMI BEACH FL 33179-3046 US</b>	Mailing Address <b>19961 N.E. 5TH COURT NORTH MIAMI BEACH FL 33179-3046 US</b>
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3. Date Incorporated or Qualified <b>06/26/1979</b>	
4. FEI Number <b>59-1993676</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28. Zip
Country	Country
24. Zip	29. Zip
Country	Country

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	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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVENSON, JAMES D	
STREET ADDRESS	19949 NE 5TH CT.	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SILVER, GLORIA	
STREET ADDRESS	578 NE 199TH TERR	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARDNER, PATRICIA	
STREET ADDRESS	505 N.E. 199 LANE	
CITY-ST-ZIP	N MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GAER, ROSE	
STREET ADDRESS	19983 NE 6TH CT.	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, IZADORF	
STREET ADDRESS	592 NE 199TH TERR.	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLINE, ADELE	
STREET ADDRESS	514 NE 199TH LANE	
CITY-ST-ZIP	N MIAMI BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>HARRINGTON WALTERS</b>
2.3 STREET ADDRESS	<b>19961 NE 5TH COURT</b>
2.4 CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33179-3046</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>IRVING FERNEBOK</b>
4.3 STREET ADDRESS	<b>19961 NE 5TH COURT</b>
4.4 CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33179-3046</b>
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 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: *[Signature]* **JAMES D. LEVENSON** 4/22/98 305-651-4374

CR2E037 (10/97)