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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90055 015 ****61.25

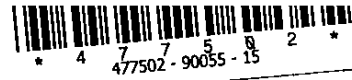
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747820

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/26/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1993676
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Anthony A. Kalliche, Esquire 82 Street Address (P.O. Box Number is Not Acceptable) Becker & Polliakoff, P.A. 83 5201 Blue Lagoon Drive, #100 84 City Miami 85 Zip Code FL 33126
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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: *Kalliche* **Becker & Polliakoff, PA.** DATE: **3/24/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEVENSON, JAMES D		1.2 NAME Muriel Margolis	
STREET ADDRESS 19949 NE 5TH CT.		1.3 STREET ADDRESS 558 N.E. 199th Terrace	
CITY-ST-ZIP N MIAMI BCH FL		1.4 CITY-ST-ZIP North Miami Beach, FL 33179	
TITLE DVP	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HATTINGTON, WALTERS		2.2 NAME	
STREET ADDRESS 19961 NE 5TH CR		2.3 STREET ADDRESS 561 N.E. 199th Terrace	
CITY-ST-ZIP N MIAMI BCH FL 33179		2.4 CITY-ST-ZIP North Miami Beach, FL 33179	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARDNER, PATRICIA		3.2 NAME	
STREET ADDRESS 505 N.E. 199 LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP N MIAMI FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERNEBOK, IRVING		4.2 NAME	
STREET ADDRESS 19961 NE 5TH CT		4.3 STREET ADDRESS 510 N.E. 199th Lane	
CITY-ST-ZIP N MIAMI BCH FL 33179		4.4 CITY-ST-ZIP North Miami Beach, FL 33179	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEINSTEIN, IZADORE		5.2 NAME	
STREET ADDRESS 592 NE 199TH TERR.		5.3 STREET ADDRESS	
CITY-ST-ZIP N MIAMI BCH FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLINE, ADELE		6.2 NAME	
STREET ADDRESS 514 NE 199TH LANE		6.3 STREET ADDRESS	
CITY-ST-ZIP N MIAMI BCH FL		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, with all other like empowered.

SIGNATURE: *Adele Kline* **ADELE KLINE** 4/29/99 305-651-4374
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)