

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90035 028 ****61.25

DOCUMENT # 747820
 1. Entity Name
SANDPIPER AT THE CALIFORNIA CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 19961 N.E. 5TH COURT 19961 N.E. 5TH COURT
 NORTH MIAMI BEACH FL 33179-3001 NORTH MIAMI BEACH FL 33179-3001
 US US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State City & State

4. FEI Number Applied For
59-1993676 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ROGEL, DAVID H ESQ
 BECKER & POLIAOFF, P.A.
 5201 BLUE LAGOON DR #100
 MIAMI FL 33126**

7. Name and Address of New Registered Agent
 Name: **Jay Buskin Esq., Frank Weinberg Black PL**
 Street Address (P.O. Box Number is Not Acceptable): **7805 SW 6th Ct**
 City: **Plantation** FL Zip Code: **33324**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KLINE, ADELE	
STREET ADDRESS	514 NE 199 LANE	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HARRINGTON, WALTER	
STREET ADDRESS	561 NE 199 TERR	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARDNER, PATRICIA	
STREET ADDRESS	505 N.E. 199 LANE	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEDER, LARRY	
STREET ADDRESS	578 NE 199 TER	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE	P	<input type="checkbox"/> Delete
NAME	DEARMAN, LARRY	
STREET ADDRESS	19995 NE 5 COURT	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YANPAR, DILEK	
STREET ADDRESS	19960 NE 5 COURT	
CITY-ST-ZIP	N MIAMI BCH FL 33179	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Goldberry	
STREET ADDRESS	19979 NE 5th Ct	
CITY-ST-ZIP	Miami FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Greydinger	
STREET ADDRESS	19950 NE 5th Ct	
CITY-ST-ZIP	Miami FL 33179	

12. 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 report or supplement 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **Larry Dearman** 03/16/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #