


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90002 002 ****61.25

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DOCUMENT # 747820			
1. Entity Name SANDPIPER AT THE CALIFORNIA CLUB CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 19961 N.E. 5TH COURT NORTH MIAMI BEACH, FL 33179-3001 US		Mailing Address 19961 N.E. 5TH COURT NORTH MIAMI BEACH, FL 33179-3001 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33179 Country US		Zip 33179 Country US	
4. FEI Number 59-1993676		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JAY BUSKIN ESQ. & FRANK WEINBERG BLACK PL 7805 SW 68TH CT PLANTATION, FL 33324		Name JAY BESKIN ESQ. FRANK WEINBERG Street Address (P.O. Box Number is Not Acceptable) BLACK PA 7805 SW 6th COURT 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. SAME AGENT ONLY CORRECT MISTYPERD NAME AND ADDRESS SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINE, ADELE <input checked="" type="checkbox"/> Delete 514 NE 199 LANE N MIAMI BCH, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RON ELIMELECH RON/RAPHAEL, MR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 594 NE 199 TER MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDBERG, SUSAN <input checked="" type="checkbox"/> Delete 19979 NE 5TH CT MIAMI, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRITZ FRANK, MR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19961 NE 5TH COURT MIAMI FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARDNER, PATRICIA <input checked="" type="checkbox"/> Delete 505 N.E. 199 LANE N MIAMI BCH, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANNINGSCALA, MRS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19961 5th COURT MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEDER, LARRY <input checked="" type="checkbox"/> Delete 578 NE 199 TER N MIAMI BCH, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPENLER, NANCY, MRS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19961 NE 5TH COURT MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEARMAN, LARRY <input checked="" type="checkbox"/> Delete 19995 NE 5 COURT N MIAMI BCH, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KASUB, MORRIS, MR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19961 NE 5TH CT MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYDINGER, GEORGE <input checked="" type="checkbox"/> Delete 19950 NE 5TH CT MIAMI, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUHAINE PIERRE, MR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19961 NE 5TH COURT MIAMI, FL 33179
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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: R. Elimelech		R. ELIMELECH 2/17/06 305-690-4343	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	