

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90163 022 ****61.25

030024

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 33179-3046
US**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

4. FEI Number **59-1993676**
Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KALLICHE, ANTHONY A ESQ.
BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DR #100
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **David H. Rogel, Esq.**
Street Address (P.O. Box Number is Not Acceptable) **Becker & Poliakoff, P.A.**
5201 Blue Lagoon Dr. #100
City **Miami** FL Zip Code **33176**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	MARGOLIS, MURIEL	
STREET ADDRESS	558 N.E. 199 TERR	
CITY-ST-ZIP	N MIAMI FL 33179	
TITLE	VP	<input 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 FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNEBOK, IRVING	
STREET ADDRESS	510 N.E. 199 LANE	
CITY-ST-ZIP	N MIAMI FL 33179	
TITLE	P	<input type="checkbox"/> Delete
NAME	DEARMAN, LARRY	
STREET ADDRESS	19995 NE 5TH COURT	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAINWRIGHT, JEAN	
STREET ADDRESS	19984 NE 5 CT	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33170	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	William Wardell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	557 NE 199	
STREET ADDRESS	N. Miami FL 33179	
CITY-ST-ZIP	N. Miami FL 33179	
TITLE	Yanpar Dilek	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	19960 NE 5 CT	
STREET ADDRESS	N. Miami FL 33179	
CITY-ST-ZIP	N. Miami FL 33179	
TITLE	Susan Coogan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	528 NE	
STREET ADDRESS	N. Miami FL 33179	
CITY-ST-ZIP	N. Miami FL 33179	
TITLE	James Levenson Exec. VP/ Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	19949 NE 5 CT	
STREET ADDRESS	N. Miami FL 33179	
CITY-ST-ZIP	N. Miami FL 33179	
TITLE	Susan F. Goldberg	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	19979 NE 5 CT	
STREET ADDRESS	N. Miami FL 33179	
CITY-ST-ZIP	N. Miami FL 33179	
TITLE	Larry Feder	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	578 NE 199 Terr.	
STREET ADDRESS	N. Miami FL 33179	
CITY-ST-ZIP	N. 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 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: **JAMES LEVENSON EX-VP** DATE: **5/15/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)