

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761216 (1)

1. Corporation Name

SANDPIPER TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 205 A-1-A S. PATRICK SHORES SATELLITE BEACH FL 32937
Mailing Address: 205 A-1-A S. PATRICK SHORES SATELLITE BEACH FL 32937

3. Date Incorporated or Qualified: 12/23/1981
3a. Date of Last Report: 02/15/1995
4. FEI Number: 59-2234340
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

SMITH, JR. H
205 A1A #309
SATELLITE BCH. FL 32937

10. Name and Address of New Registered Agent

81 Name: MARTHA PIESCHEL
82 Street Address (P.O. Box Number is Not Acceptable): 205 A1A #209
83 City: Satellite Beach
84 City: FL
85 Zip Code: 32937

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: MARTHA PIESCHEL

Martha Pieschel

2/22/96

12. OFFICERS AND DIRECTORS

TITLE: VP	NAME: STROBERT, SAMUEL	STREET ADDRESS: 205 A1A #508	CITY-ST-ZIP: SATELLITE BCH. FL	<input type="checkbox"/> DELETE
TITLE: D	NAME: STROMME, LESTER	STREET ADDRESS: 205 A1A	CITY-ST-ZIP: SATELLITE BCH FL	<input type="checkbox"/> DELETE
TITLE: S	NAME: KENDALL, CAROLYN	STREET ADDRESS: 205 A-1-A #212	CITY-ST-ZIP: SATELLITE BCH. FL	<input type="checkbox"/> DELETE
TITLE: TD	NAME: FRENCH, LEONARD	STREET ADDRESS: 205 A1A #502	CITY-ST-ZIP: SATELLITE BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE: D	NAME: BARBER, ELLIOTT	STREET ADDRESS: 1912 BISCAYNE DR.	CITY-ST-ZIP: ORLANDO FL	<input checked="" type="checkbox"/> DELETE
TITLE: PD	NAME: SMITH, HERBERT	STREET ADDRESS: 205 A-1-A #309	CITY-ST-ZIP: SATELLITE BCH. FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE: D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: Asst. S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: v/s/p Cathie Hederman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE: P/D Martha Pieschel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE: T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: * MARTHA PIESCHEL

Martha Pieschel

2/22/96 (407) 773-5551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)