## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

761216

(1)

## SANDPIPER TOWERS CONDOMINIUM ASSOCIATION, INC.

| OANDI I                                                                                                                                                                                                                                                                                                                                                           | IL ET TOTTETIO COMPONI             | HOM NOOCOMITON IN      | •                            |                                              |                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|------------------------------|----------------------------------------------|---------------------------------------------|
| Principa! Place                                                                                                                                                                                                                                                                                                                                                   | of Business                        | Mailing Address        |                              |                                              | NEGEL BEDER ALBERT BEBER ALBERT ALBERT INNE |
| 205 A-1-A S. PATRICK SHORES 205 A-1-A S. PATRICK SHORI<br>SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32951-                                                                                                                                                                                                                                                      |                                    |                        |                              |                                              |                                             |
| •                                                                                                                                                                                                                                                                                                                                                                 |                                    |                        |                              | 3. Date incorporated or Qualified 12/23/1981 | a. Date of Last Report<br>02/29/1996        |
| 2. Principal Pla<br>21                                                                                                                                                                                                                                                                                                                                            | ace of Business                    | 2a. Mailing Address 26 |                              | 4. FEt Number<br>59-2234340                  | Applied For Not Applicable                  |
| Suite, Apl. #                                                                                                                                                                                                                                                                                                                                                     | I, etc.                            | Suite, Apt. #, etc.    |                              | 5. Certificate of Status Desired             | \$8.75 Additional Fee Required              |
| City & State                                                                                                                                                                                                                                                                                                                                                      | ;                                  | City & State           |                              | 6. Election Campaign Financing               | \$5.00 May Be                               |
| 23]                                                                                                                                                                                                                                                                                                                                                               |                                    | 28                     | Country                      | Trust Fund Contribution                      |                                             |
| Zip<br>24                                                                                                                                                                                                                                                                                                                                                         | Country                            | 7ip <b>3</b>           | <b>-</b>                     | 8. This corporation has liability for intar  | ngible tax under s. 199.032,<br>es D No     |
| [24]                                                                                                                                                                                                                                                                                                                                                              | 25<br>9. Name and Address of Curre |                        | <u> </u>                     | 10. Name and Address of New Regist           |                                             |
| 81 Name                                                                                                                                                                                                                                                                                                                                                           |                                    |                        |                              |                                              |                                             |
|                                                                                                                                                                                                                                                                                                                                                                   |                                    |                        |                              | eonard trench                                |                                             |
|                                                                                                                                                                                                                                                                                                                                                                   |                                    |                        | 82 Street A                  | Address (P.O. Box Number is Not Acceptable)  |                                             |
| 205 A1A                                                                                                                                                                                                                                                                                                                                                           | , n <b>-</b>                       | 05 A1A - 30~           |                              |                                              |                                             |
| SATELLITE BCH. FL 32937  84 City   1 =                                                                                                                                                                                                                                                                                                                            |                                    |                        |                              |                                              |                                             |
|                                                                                                                                                                                                                                                                                                                                                                   |                                    |                        | South                        | ellite Deach,                                | FL     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. Lam familiar with, and corept the obligations of Section 617.0503, Floridy Statutes.                                                                                                                                                                                                                                                                       |                                    |                        |                              |                                              |                                             |
| SIGNATURE Grand R. Stemb Leonard R French 20 Max. 97                                                                                                                                                                                                                                                                                                              |                                    |                        |                              |                                              |                                             |
|                                                                                                                                                                                                                                                                                                                                                                   |                                    |                        | Registered Agent signature   | 1 ADDITIONS/CHANGES TO OFFICER               | C AND DIDECTORS IN 12                       |
| 12.                                                                                                                                                                                                                                                                                                                                                               |                                    | ND DIRECTORS DELETE    | 13.                          |                                              | Change Addition                             |
| THILE                                                                                                                                                                                                                                                                                                                                                             | D CAMPEL                           | L' Dette it            |                              | Leonard trenul                               | ) onemge recurson                           |
| NAME                                                                                                                                                                                                                                                                                                                                                              | STROBERT, SAMUEL                   |                        | 1.2 NAME                     | 205 A   A + 501                              |                                             |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                    | 205 A1A \$508                      |                        | 1.3 STREET ADDRESS           | Strallite Beach                              | FI 32937                                    |
| CITY - ST - 7(P                                                                                                                                                                                                                                                                                                                                                   | SATELLITE BCH. FL                  | DELETE                 | 1.4 CITY-ST-ZIP<br>2.1 TITLE | same time Death,                             | Change Addition                             |
| Tille                                                                                                                                                                                                                                                                                                                                                             | d<br>Stromme, lester               | La occere              | 2.2 NAME                     | . * .                                        | C Change C Hadiness                         |
| NAME<br>Profes Approces                                                                                                                                                                                                                                                                                                                                           | 205 A1A                            |                        | 2.3 STREET ADDRESS           |                                              |                                             |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                    | SATELLITE BCH FL                   |                        | 2. 4 CITY-ST-ZIP             |                                              |                                             |
| DITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                       | AS                                 | DELETE                 | 3.1 TITLE S                  | , , , , , , , , , , , , , , , , , , ,        | Change Addition                             |
| NAME                                                                                                                                                                                                                                                                                                                                                              | KENDALL, CAROLYN                   | Brooked = = = = 1 p.   | 3.2 NAME                     |                                              | •                                           |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                    | 205 A-1-A #212                     |                        | 3.3 STREET ADDRESS           |                                              |                                             |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                       | SATELLITE BCH. FL                  |                        | 3.4. CITY-ST-ZIP             |                                              |                                             |
| TIPLE                                                                                                                                                                                                                                                                                                                                                             | VSD                                | DELETE                 | 4.1 TITLEV D                 | James Registir                               | Change Addition                             |
| NAME                                                                                                                                                                                                                                                                                                                                                              | HEDERMAN, CATHIE                   |                        | 4. 2 NAME                    | James Registin                               | ,                                           |
| STREET ADORESS                                                                                                                                                                                                                                                                                                                                                    | 205 ATA 205                        |                        | 4.3 STREET ADDRESS           | 1620 Easy 81,                                | _                                           |
| C(1Y-S1-ZIP                                                                                                                                                                                                                                                                                                                                                       | SATELLITE BEACH FL                 |                        | 4.4 CITY - ST - ZIP          | Kissimmec, Fl.                               | 3474/                                       |
| THE                                                                                                                                                                                                                                                                                                                                                               | PQ                                 | DELETE                 | 5.1 TITLE D                  |                                              | Change Addition                             |
| NAME                                                                                                                                                                                                                                                                                                                                                              | PIESCHEL, MARTHA                   |                        | 5.2 NAME                     | Robert Raduc                                 |                                             |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                    | 205 A1A ¥209                       |                        | 5.3 STREET ADDRESS           | 205 ALA # 408                                | CI 22027                                    |
| City-St-Zif*                                                                                                                                                                                                                                                                                                                                                      | ORLANDO FL                         |                        | 5.4 CITY-ST-ZIP              | Satellite Beach                              | H 24731                                     |
| TIFLE                                                                                                                                                                                                                                                                                                                                                             | TD                                 | DELETE                 | 61 TITLE                     |                                              | Change Addition                             |
| 1                                                                                                                                                                                                                                                                                                                                                                 | CHITH HEDDEDT                      |                        | E O MAME                     |                                              |                                             |

SIGNATURE:

STREET ADDRESS

205 A-1-A #309

SATELLITE BCH. FL

**63 STREET ADDRESS** 

64 CITY-ST-ZIP

14. I do 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 application with an address.

Daytime Prione # 0019955

**FILED** 

Mar 25 1997 8:00am

Secretary of State