

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 13 1998 8:00am
Secretary of State



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

NONPROFIT CORPORATION ANNUAL REPORT 1998

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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		4. FEI Number 59-2234340 Applied For Not Applicable	
25 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FRENCH, LEONARD 205 A1A 502 SATELLITE BEACH FL 32937				10. Name and Address of New Registered Agent			
81 Name		Herbert Smith Jr.		82 Street Address (P.O. Box Number is Not Acceptable)		205 A1A # 309	
83				84 City		Satellite Beach	
				85 FL		86 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: *Herbert Smith Jr.* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	11 TITLE	LD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRENCH, LEONARD		12 NAME	Louis Pellitteri	
STREET ADDRESS	205 A1A #505		13 STREET ADDRESS	205 A1A # 403	
CITY- ST- ZIP	SATELLITE BCH. FL		14 CITY- ST- ZIP	Satellite Beach, FL, 32937	
TITLE	D	<input type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROMME, LESTER		22 NAME		
STREET ADDRESS	205 A1A		23 STREET ADDRESS		
CITY- ST- ZIP	SATELLITE BCH FL		24 CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDALL, CAROLYN		32 NAME		
STREET ADDRESS	205 A-1-A #212		33 STREET ADDRESS		
CITY- ST- ZIP	SATELLITE BCH. FL		34 CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	41 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGISTER, JAMES		42 NAME		
STREET ADDRESS	1620 EASY ST		43 STREET ADDRESS		
CITY- ST- ZIP	KISSIMMEE FL		44 CITY- ST- ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	51 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADUC, ROBERT		52 NAME	Elliott Barber	
STREET ADDRESS	205 A1A #408		53 STREET ADDRESS	1912 Biscayne Dr.	
CITY- ST- ZIP	SATELLITE BEACH FL		54 CITY- ST- ZIP	Orlando, FL 32804	
TITLE	TD	<input type="checkbox"/> DELETE	61 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, HERBERT		62 NAME		
STREET ADDRESS	205 A-1-A #309		63 STREET ADDRESS		
CITY- ST- ZIP	SATELLITE BCH. FL		64 CITY- ST- ZIP		

14. 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 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, trustee, empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in an attachment with my address.

SIGNATURE: *Herbert Smith Jr.*

CR2E037 (10/97)