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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90124 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761216

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/23/1981	4. FEI Number 59-2234340	Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent

SMITH, HERBERT J
205 A1A #309
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 3/9/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PELLITERI, LOUIS	
STREET ADDRESS	205 A1A #403	
CITY-ST-ZIP	SATELLITE BCH. FL 32937	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STROMME, LESTER	
STREET ADDRESS	205 A1A	
CITY-ST-ZIP	SATELLITE BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KENDALL, CAROLYN	
STREET ADDRESS	205 A-1-A #212	
CITY-ST-ZIP	SATELLITE BCH. FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	REGISTER, JAMES	
STREET ADDRESS	1620 EASY ST	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARBER, ELLIOTT	
STREET ADDRESS	1912 BISCAYNE DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, HERBERT	
STREET ADDRESS	205 A-1-A #309	
CITY-ST-ZIP	SATELLITE BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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, with all other like empowered.

SIGNATURE: *Carolyn J Kendall* DATE: 3/9/99 DAYTIME PHONE #: 407-773-7344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)