

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90009 049 ****61.25

DOCUMENT # N00934

1. Entity Name

SANDRIFT CONDOMINIUM ASSOCIATION OF NAPLES, FLORIDA, INC.

PAID

EX NO 7217 DATE 1-18-02

Principal Place of Business

Mailing Address

613 E LAKE DR.
 NAPLES FL 34102
 US

1040 6TH AVE. N
 NAPLES FL 34102
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2515685

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOESMAN, W F
C/O COLLIER CONDO MGMT INC
1040 6TH AVE N
NAPLES FL 33940

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** Delete
 NAME **WEER, RALPH**
 STREET ADDRESS **104 ASPEN CIRCLE**
 CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE **TD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **BOYSEN, BETTY**
 STREET ADDRESS **11540 LAKE DRIVE**
 CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **VPD** Change Addition
 NAME **RICHTER, SIMON**
 STREET ADDRESS **2717 BOOGER HOLLOW CONNECTOR**
 CITY-ST-ZIP **BLAIRSVILLE, GA 30512**

TITLE **SD** Delete
 NAME **MAIALE,**
 STREET ADDRESS **672 98TH AVE N.**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **SD** Change Addition
 NAME **NOVAK, RICHARD C.**
 STREET ADDRESS **2010 HARBORTOWN DRIVE, SUITE G DOCKSIDE**
 CITY-ST-ZIP **FORT PIERCE, FL 34946-1421**

TITLE **D** Delete
 NAME **DIESSELHORST, LEONARD**
 STREET ADDRESS **P.O. BOX 678027 N/A**
 CITY-ST-ZIP **ORLANDO FL 32867**

TITLE **PD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PAYDO, RONALD**
 STREET ADDRESS **7927 OAK RIDGE DRIVE**
 CITY-ST-ZIP **MENTOR OH 44060**

TITLE **D** Change Addition
 NAME **SMITH, PAUL**
 STREET ADDRESS **6950 FRANCE AVENUE, SOUTH, SUITE 211**
 CITY-ST-ZIP **EDINA, MN 55435**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Change Addition
 NAME **W. F. FOESMAN**
 STREET ADDRESS **4830 PALMETTO WOODS DRIVE**
 CITY-ST-ZIP **NAPLES, FL 34119-2810**

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:

W. F. FOESMAN **SIGNATURE REQUIRED** **W. F. FOESMAN**

Date

Daytime Phone #

1-22-01 941-262-7866

CP2E037 (9/01)