

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00934

FILED
Feb 02, 2009
Secretary of State

Entity Name: SANDRIFT CONDOMINIUM ASSOCIATION OF NAPLES, FLORIDA, INC.

Current Principal Place of Business:

613 E LAKE DR.
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

1040 6TH AVE, N
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-2515685 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WEER, RALPH
Address: 104 ASPEN CIRCLE
City-St-Zip: SEMINOLE, FL 33777

Title: VPD () Delete
Name: RICHTER, SIMON
Address: 2717 BOOGER HOLLOW CONNECTOR
City-St-Zip: BLAIRSVILLE, GA 30512

Title: SD () Delete
Name: NOVAK, RICHARD C
Address: 2010 HARBORTOWN DR STE G DOCKSIDE
City-St-Zip: FORT PIERCE, FL 349461421

Title: PD () Delete
Name: DIESELHORST, LEONARD
Address: P.O. BOX 678027 N/A
City-St-Zip: ORLANDO, FL 32867

Title: D () Delete
Name: SMITH, PAUL
Address: 6950 FRANCE AVE SOUTH SUITE 211
City-St-Zip: EDINA, MN 55435

Title: S () Delete
Name: FOESMAN, W F
Address: 4830 PALMETTO WOODS DRIVE
City-St-Zip: NAPLES, FL 341192810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W F FOESMAN

S

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date