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FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03388 (8)
1. Corporation Name
SANDPIPER WOODS TOWNHOMES ASSOCIATION, INC.



Principal Place of Business PHOENIX MANAGEMENT 541 S ST RD 7 #12 MARGATE FL 33068 US	Mailing Address PHOENIX MANAGEMENT 541 S STATE RD 7 #12 MARGATE FL 33068 US
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3. Date Incorporated or Qualified
06/01/1984

4. FEI Number
59-2472233

Applied For	Not Applicable
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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
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**PHOENIX MANAGEMENT SERVICES INC
541 S STATE RD 7 #12
MARGATE FL 33068**

10. Name and Address of New Registered Agent

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

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CICCIO, JOE	
STREET ADDRESS	455 SE 11TH TERR	
CITY-ST-ZIP	DANIA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CORRIGAN, CLAUDIA	
STREET ADDRESS	452 SE 14 ST	
CITY-ST-ZIP	DANIA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BORAX, JOEL	
STREET ADDRESS	417 SE 14TH ST	
CITY-ST-ZIP	DANIA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WALDORF, REBECCA	
STREET ADDRESS	451 SE 11TH TERRACE	
CITY-ST-ZIP	DANIA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HIME, DEBORAH	
STREET ADDRESS	405 SE 14TH ST	
CITY-ST-ZIP	DANIA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PAOLINI, CHRIS	
STREET ADDRESS	5309 NW 66 AVE	
CITY-ST-ZIP	LAUDERHILL FL 33319	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Hurteau, Margaret
1.3 STREET ADDRESS	459 SE 14th St
1.4 CITY-ST-ZIP	Dania, FL 33004
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VPD Stokrocki, Marilyn
2.3 STREET ADDRESS	422 SE 11th Terr.
2.4 CITY-ST-ZIP	Dania, FL 33004
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Birch, Mona
4.3 STREET ADDRESS	466 SE 11th Terr
4.4 CITY-ST-ZIP	Dania, FL 33004
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Johnson, Charlotte
5.3 STREET ADDRESS	401 SE 11th Terr.
5.4 CITY-ST-ZIP	Dania, FL 33004
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 unchanged, or on an attachment with an address.

SIGNATURE: **Joel H Borax** **JOEL H BORAX** **4/18/98** **954 9216585**

CR2E037 (10/97)