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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N95000002892 (6)

SANDPIPER ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business		Mailing Address			
1690 SO. CONGRESS AVENUE DELRAY BEACH FL 33445		1690 SO. CONGRESS AVENUE DELRAY BEACH FL 33445			
				3. Date Incorporated or Qualified 06/19/1995	3a. Date of Last Report
	ace of Business	2a. Mailing Address		4. FEI Number	X Applied For
	iper Isle Way	26 c/o Benson	's, Inc.		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
		27 12650 Whitehall Drive		5. Gereinedte of Statuts Besires	Fee Required
City & State 23 Bonita Springs, FL		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Zip	a Springs, FL Country	Z _O Fort Myers	, FL Country	Trust Fund Contribution	Added to Fees
24 33923	25	29 33907	Country 30	±	K Yes □ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
			81 Name	n Mank D	
GRAVETT, STEPHEN E			82 Street Addres	on Mark R . 88 (P.O. Box Number is Not Acceptable	1
1690 SO. CONGRESS AVENUE Ben:			Benso	n's, Inc.	•
DELRAY BEACH FL 33445				Whitehall Drive	
ŧ			84 City		85 Zip Code
			Fort	Myers,	FL 33907 i
 Pursuant to or registere 	o the provisions of Sections 617,0502 ed agent of both in the State of Florid	and 617.1508 Florida Statutes, la Such of a roe was authorized	the above-named corporal by the corporation's board	ion submits this statement for the purp	ose of changing its registered office
familiar wit	h, and accept the obligations of Secre	n 617 (303, Florida Statutes.		of directors. I hereby accept the appoint	innent as registered agent. I am
SIGNATURE ///WMG J = 2					
12.	Signifure Types or printed name of registered against OFFICERS ANS		Registered Agent signature recurred v	ADDITIONS/CHANGES TO OFFIC	DAT
TITLE	PD OF TOLING AIRS	DELETE	1 1 JITLE	AUDITIONS CHANGES TO OFFIC	Change Addition
NAME	GRAVETT, STEPHEN E		1.2 NAME		
STREET ADDRESS	1690 SO. CONGRESS AVENU	IE	1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445	<i>,</i> _	1.4 CITY - ST - ZfP		
TITLE	STD	DELETE	21 TILE		☐ Change ☐ Addition
NAME	REED, MERIAM		2 2 NAME		Griange Addition
STREET ADDRESS	1690 SO. CONGRESS AVENU	IF	2 3 STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH FL 33445	/ L	2 4 CITY-ST-ZIP		
TITLE	VD	DELETE	3 1 TiTLE		Criange E Accinion
NAME	LEVY, JOANN		3.2 NAME		
STREET ADDRESS	1690 SO. CONGRESS AVENU	JE	3 3 STREET ADDRESS	00000000175. -03/28/08011	
CITY-ST-ZIP	DELRAY BEACH FL 33445		3 4 CITY-ST-Z-P		30 - U25
THTLE		DELETE	4.1 TITLE	***127,50	Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIF			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 T:TLE		Change Maddition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			54C-TY-ST-ZIP		
TiTLE		□DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY - ST - ZIP		and First Out
certify that	the information indicated on this annu	al report or supplemental annual.	report is true and accurate	the exemption stated in Section 119.0 and that my signature shall have the sa	ame legal effect as if made under 🔠
oath; that I appears in	am an officer or director of the corpor Block 12 or Block 13 if changed, or o	ration or the receiver or trustee er in an attachment with an address	inpowered to execute this	report as required by Chapter 617, Flor	ida Statutes; and that my name

SIGNATURE: ~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96 (941)277-0718