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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002892 (6)
1. Corporation Name
SANDPIPER ISLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: SANDPIPER ISLE WAY, BONITA SPRINGS FL 33923
Mailing Address: C/O BENSON'S, INC., 12650 WHITEHALL DRIVE, FORT MYERS FL 33907-3619

3. Date Incorporated or Qualified: 06/19/1995
3a. Date of Last Report: 03/26/1996
4. FEI Number: APPLIED FOR 65-0651232
Certificate of Status Desired: \$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

C/O Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, Fl. 33907

C/O Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, Fl. 33907

24 25 29 30
9. Name and Address of Current Registered Agent
10. Name and Address of New Registered Agent

81 BENSON, MARK R
82 BENSON'S, INC.
83 12650 WHITEHALL DRIVE
84 FORT MYERS FL 33907

81 Stilphen, Peter
82 Marquis Management, Inc.
83 12661 New Brittany Blvd.
84 Fort Myers, Fl. 33907
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 obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *Peter A Stilphen* PETER A STILPHEN 3/27/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRAVETT, STEPHEN E	
STREET ADDRESS	1690 SO. CONGRESS AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	REED, MERIAM	
STREET ADDRESS	1690 SO. CONGRESS AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEVY, JOANN	
STREET ADDRESS	1690 SO. CONGRESS AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
2.2 NAME	BEEMAN, JACK
2.3 STREET ADDRESS	1690 SO. CONGRESS AVE
2.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 do 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.

CR2E037 (9/96)