

FILE NOW: FILING FEE IS \$61.25

FILED

**May 11 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 # N95000002892 (6)
 1. Corporation Name
SANDPIPER ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MARQUIS MANAGEMENT INC 12661 NEW BRITTANY BLVD. BONITA SPRINGS FL 33907 US	C/O MARQUIS MANAGEMENT INC 12661 NEW BRITTANY BLVD. FORT MYERS FL 33907 US

3. Date incorporated or Qualified
06/19/1995

4. FEI Number
65-0651232

Applied For	Not Applicable
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c/o Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, FL 33908 US	c/o Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, FL 33908 US
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Certificate of Status Desired **\$8.75 Additional Fee Required**

Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution

Is this nonprofit corporation a homeowners association?
 Yes No

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

24 25 29 30

9. Name and Address of Current Registered Agent

STILPHEN, PETER
MARQUIS MANAGEMENT INC
12661 BRITTANY BLVD.
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 N	Stilphen, Peter
82 S	Marquis Management, Inc.
83	9400 Gladiolus Drive #100
84 C	Fort Myers, FL 33908 US
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	D	<input checked="" type="checkbox"/> DELETE
NAME	BEEHANE, JACK	
STREET ADDRESS	1690 S CONGRESS AVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input checked="" 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	VPD KAZANJIAN, Ed
2.3 STREET ADDRESS	24350 Sandpearl Isle way 704
2.4 CITY-ST-ZIP	Bonita Springs FL 34134
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SIT Timmerman Kaye
3.3 STREET ADDRESS	1690 So Congress Ave
3.4 CITY-ST-ZIP	Delray Beach, FL 33445
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 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.

SIGNATURE: *[Signature]* ED KAZANJIAN 4/2/98 941-454-1500

CR2E037 (10/97)