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0059223

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000002892

1. Corporation Name
SANDPIPER ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 9400 GLADIOLUS DRIVE 100
 FORT MYERS FL 33908
 US

Mailing Address
 9400 GLADIOLUS DRIVE 100
 FORT MYERS FL 33908
 US



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 06/19/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0651232 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 23 | | 28 | | \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing <input type="checkbox"/> | |
| 24 | | 29 | | \$5.00 May Be Added to Fees | |
| Country | | Country | | Trust Fund Contribution | |
| 25 | | 30 | | | |

| | | | | | | | |
|---|--|-----------|----|--|--|----|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| STILPHEN, PETER MARQUIS MANAGEMENT INC 9400 GLADIOLUS DR 100 FT MYERS FL 33908 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | 9400 Gladiolus Drive #100 | | |
| | | | | 84 | City | 85 | Zip Code |
| | | Ft. Myers | FL | 33908 | | | |

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 617.0603, Florida Statutes.

SIGNATURE: *[Signature]* **Michael Fleming** *[Signature]* **6/4/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GRAVETT, STEPHEN E | 1.2 NAME | Jo Ann Leay |
| STREET ADDRESS | 1690 SO. CONGRESS AVENUE | 1.3 STREET ADDRESS | 1690 S. Congress Ave #200 |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | 1.4 CITY-ST-ZIP | Delray Beach, FL 33445 |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAZANJIAN, ED | 2.2 NAME | ED Kazandian |
| STREET ADDRESS | 24350 SANDPIPER ISLE WAY 104 | 2.3 STREET ADDRESS | 24350 Sandpiper Isle way #104 |
| CITY-ST-ZIP | BONITA SPG FL 34134 | 2.4 CITY-ST-ZIP | Bonita Springs, FL 34134 |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TIMMERMAN, KAYE | 3.2 NAME | Henry Heitman |
| STREET ADDRESS | 1690 SO. CONGRESS AVENUE | 3.3 STREET ADDRESS | 24390 Sandpiper Isle way |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | 3.4 CITY-ST-ZIP | Bonita Springs, FL 34134 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | Merle O'Addario |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 1690 S. Congress Ave #200 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Delray Beach, FL 33445 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(l), 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **5/25/99** **992-1440**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)

N95000002892

SANDPIPER ISLE MASTER 579742-90021-27
BOARD OF DIRECTORS
Revised - 03/24/99 7:09 AM

Manager: **LINDA HARDWICK** Units: Charter # _____ Date Incorporated: _____ Type: **Condo**

| | | |
|---|--|---|
| DIRECTOR | ED KAZANJIAN 24350 Sandpiper Isle way #704 Bontia Springs, FL 34134 | 498-0681 |
| DEV. / PRESIDENT ORIOLE OF NAPLES | JO ANN LEVY 1690 S. Congress Ave #200 Delray Bch, FL 33445 | 561-274-1234 Phone X280 561-274-0105 Fax |
| DEV. / VICE PRESIDENT ORIOLE OF NAPLES | HENRY HEITMAN 24390 Sandpiper Isle Way Bonita Springs, FL 34134 | 992-1440 Phone 850-7751 Cell 992-6774 Fax |
| DEV. / SECRETARY TREASURER ORIOLE OF NAPLES | MERLE D'ADDARIO 1690 S. Congress Ave #200 Delray Bch, FL 33445 | 561-274-1234 Phone X325 561-274-0105 Fax |