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Jun 24, 1999 8:00 am
Secretary of State

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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	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25	Country	30	Country	\$5.00 May Be Added to Fees	

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