

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002892

**FILED**  
**Apr 16, 2014**  
**Secretary of State**  
**CC6555350655**

**Entity Name:** SANDPIPER ISLE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6719 WINKLER RD. STE. 200  
FT. MYERS, FL 33919

**Current Mailing Address:**

6719 WINKLER RD. STE. 200  
FT. MYERS, FL 33919 US

**FEI Number:** 65-0651232

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALLIANT PROPERTY MANAGEMENT LLC  
6719 WINKLER RD. STE. 200  
FT. MYERS, FL 33919 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HARTMAN, NEAL  
Address        6719 WINKLER RD. STE. 200  
City-State-Zip: FT. MYERS FL 33919

Title            VP  
Name            STRUMM, KEN  
Address        6719 WINKLER RD. STE. 200  
City-State-Zip: FT. MYERS FL 33919

Title            TD  
Name            ELVINS, PETER  
Address        6719 WINKLER RD. STE. 200  
City-State-Zip: FT. MYERS FL 33919

Title            SD  
Name            DAVERIO, CHUCK  
Address        6719 WINKLER RD. STE. 200  
City-State-Zip: FT. MYERS FL 33919

Title            D  
Name            FROMELT, TOM  
Address        6719 WINKLER RD. STE. 200  
City-State-Zip: FT. MYERS FL 33919

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NEAL HARTMAN

**PRESIDENT**

**04/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date