

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002892

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

**FILED**  
**Mar 25, 2021**  
**Secretary of State**  
**9006353852CC**

**Current Principal Place of Business:**

C/O GULF BREEZE MANAGEMENT SERVICES, INC.  
8910 TERRENE COURT STE. 200  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

C/O GULF BREEZE MANAGEMENT SERVICES, INC.  
8910 TERRENE COURT STE. 200  
BONITA SPRINGS, FL 34135 US

**FEI Number:** 65-0651232

**Certificate of Status Desired:** No

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

WEIDNER, RALPH L CAM  
C/O GULF BREEZE MANAGEMENT SERVICES, INC.  
8910 TERRENE COURT STE. 200  
BONITA SPRINGS, FL 34135 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:** RALPH L. WEIDNER

03/25/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR, SECRETARY  
Name           RYAN, JOHN  
Address        C/O GULF BREEZE MANAGEMENT  
                  SERVICES, INC.  
                  8910 TERRENE COURT STE. 200  
City-State-Zip: BONITA SPRINGS FL 34135

Title           DIRECTOR, PRESIDENT  
Name           WOOLBERT, WILLARD  
Address        C/O GULF BREEZE MANAGEMENT  
                  SERVICES, INC.  
                  8910 TERRENE COURT STE. 200  
City-State-Zip: BONITA SPRINGS FL 34135

Title           TREASURER, DIRECTOR  
Name           RAMSAY, SCOTT  
Address        C/O GULF BREEZE MANAGEMENT  
                  SERVICES, INC.  
                  8910 TERRENE COURT STE. 200  
City-State-Zip: BONITA SPRINGS FL 34135

Title           DIRECTOR, VP  
Name           FROMELT, PAMELA K  
Address        C/O GULF BREEZE MANAGEMENT  
                  SERVICES, INC.  
                  8910 TERRENE COURT STE. 200  
City-State-Zip: BONITA SPRINGS FL 34135

*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:** WILLARD WOOLBERT

**PRESIDENT**

03/25/2021

Electronic Signature of Signing Officer/Director Detail

Date