

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90162 025 \*\*\*\*61.25

**DOCUMENT # 748360**

**1. Entity Name**  
**SANDPIPER BEACH CONDOMINIUM ASSOCIATION, INC.**



**Principal Place of Business**  
**1919 OLDE MIDDLE GULF**  
**SANIBEL, FL 33957**

**Mailing Address**  
**POST OFFICE BOX 100**  
**SANIBEL, FL 33957**

40065202



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006 Chg-NP CR2E037 (11/05)

**4. FEI Number**  
**59-1945033**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MACKESY, STEVEN**  
**711 TARPON BAY RD.**  
**SANIBEL, FL 33957**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** PO ☐ Delete  
**NAME** HICKS, RONALD  
**STREET ADDRESS** 16 FORMAN AVENUE  
**CITY-ST-ZIP** JAMESBURG, NJ

**TITLE** ☒ Change ☐ Addition  
**NAME** RONALD B. HICKS  
**STREET ADDRESS** 3500 CANDIEBERY CT  
**CITY-ST-ZIP** BONITA SPRINGS FL 34134-1904

**TITLE** VD ☒ Delete  
**NAME** STRINGENZ, MIKE  
**STREET ADDRESS** 61 LEDGEBROOK DR  
**CITY-ST-ZIP** FOND DU LAC, WI 54935

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** SD ☐ Delete  
**NAME** HICKS, HARRY  
**STREET ADDRESS** 74 N BEVERWYCK ROAD  
**CITY-ST-ZIP** PARSIPPANY, NJ 07054

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** TD ☐ Delete  
**NAME** KUBALE, BERNARD  
**STREET ADDRESS** 2649 E SHOREWOOD BLVD  
**CITY-ST-ZIP** MILWAUKEE, WI 53211

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** WILLIAMS, WILLIAM  
**STREET ADDRESS** 30520 RAMBLE WOOD DR  
**CITY-ST-ZIP** WEST BLOOMFIELD, MI 48322

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Ronald B. Hicks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06  
Date

239-949-8600  
Daytime Phone #

RONALD B. HICKS