

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766243 (0)
 1. Corporation Name
SANDPIPER CONDOMINIUM ASSOCIATION OF MARCO ISLAND D, INC.



Principal Place of Business 850 SOUTH COLLIER BLVD. MARCO ISLAND FL 33937	Mailing Address 850 SOUTH COLLIER BLVD. MARCO ISLAND FL 33937
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3. Date Incorporated or Qualified 12/22/1982
4. FEI Number 59-2262504
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
SWALM & MURRELL, P.A.
2375 TAMAMI TRAIL N.
#308
NAPLES FL 34103

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SOD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKINS, ROBERT	1.2 NAME	Arthur Kuhn
STREET ADDRESS	850 SO. COLLIER BLVD. #1401	1.3 STREET ADDRESS	850 So. Collier Blvd. #502
CITY-ST-ZIP	MARCO ISLAND FL	1.4 CITY-ST-ZIP	Marco Island, FL 34145
TITLE	TOD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL, TODD	2.2 NAME	T.O.D. Werner Allgayer
STREET ADDRESS	P.O. BOX 1517 N/A	2.3 STREET ADDRESS	850 So. Collier Blvd.
CITY-ST-ZIP	MARCO FL	2.4 CITY-ST-ZIP	Marco Island, FL 34145
TITLE	POD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURNANE, JAMES	3.2 NAME	Robert Foss
STREET ADDRESS	850 SOUTH COLLIER BLVD., SUITE 1802	3.3 STREET ADDRESS	850 So. Collier Blvd. #1603
CITY-ST-ZIP	MARCO ISLAND FL	3.4 CITY-ST-ZIP	Marco Island, FL 34145
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIS, RICHARD R.	4.2 NAME	Thomas Fitzgerald
STREET ADDRESS	850 SOUTH COLLIER BLVD SUITE 401	4.3 STREET ADDRESS	850 So. Collier Blvd. #1403
CITY-ST-ZIP	MARCO ISLAND FL	4.4 CITY-ST-ZIP	Marco Island, FL 34145
TITLE	VOD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLONY, SAMUEL	5.2 NAME	
STREET ADDRESS	850 S COLLIER BLVD #1201	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	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)(i), 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.

CR2E037 (10/97)

SIGNATURE _____