

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90141 046 ****61.25

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DOCUMENT # 766243

1. Corporation Name

SANDPIPER CONDOMINIUM ASSOCIATION OF MARCO ISLAND, INC.

Principal Place of Business
850 SOUTH COLLIER BLVD.
MARCO ISLAND FL 33937

Mailing Address
850 SOUTH COLLIER BLVD.
MARCO ISLAND FL 33937



2. Principal Place of Business 21 850 South Collier Blvd. Suite, Apt. #, etc. 22	2a. Mailing Address 26 850 South Collier Blvd. Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 12/22/1982
23 City & State Marco Island, FL Zip 34145 Country USA	28 City & State Marco Island, FL Zip 34145 Country USA	4. FEI Number 59-2262504 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SWALM & MURRELL, P.A.
2375 TAMiami TRAIL N.
#308
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name Berry & Grosbel, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
1104 No. Collier Blvd.
83
84 City Marco Island FL 85 Zip Code 34145

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SOD	1.1 TITLE	☐ Change ☐ Addition
NAME	WILKINS, ROBERT	1.2 NAME	
STREET ADDRESS	850 SO. COLLIER BLVD. #1401	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	POD	2.1 TITLE	☐ Change ☐ Addition
NAME	KUHN, ARTHUR	2.2 NAME	
STREET ADDRESS	850 S COLLIER BLVD, #502	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAROC ISLAND FL 34145	2.4 CITY-ST-ZIP	
TITLE	TOD	3.1 TITLE	☐ Change ☐ Addition
NAME	ALLGAYER, WERNER	3.2 NAME	
STREET ADDRESS	850 S COLLIER BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLIS, RICHARD R.	4.2 NAME	
STREET ADDRESS	850 SOUTH COLLIER BLVD SUITE 401	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	VOD	5.1 TITLE	☐ Change ☐ 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	SOD	6.1 TITLE	☐ Change ☐ Addition
NAME	FOSS, ROBERT	6.2 NAME	
STREET ADDRESS	850 S COLLIER BLVD, #1603	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAROC ISLAND FL 34145	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 12, 1999

Date

Daytime Phone #

941-394-3033

CR2E037 (11/98)