

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 768958 (1)  
 1. Corporation Name  
 SANDPIPER WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
 1625 CHESAPEAKE 103 1625 CHESAPEAKE 100  
 NAPLES FL 33962 NAPLES FL 34102-0500

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		06/15/1983		07/08/1996	
22 Suite, Apt. #, etc. #203		27 Suite, Apt. #, etc. #203		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0059155		Not Applicable	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
5. 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			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent  
 BRUNSMAN, LYNN MAROTTA  
 1625 CHESAPEAKE AVE 203  
 NAPLES FL 33962

10. Name and Address of New Registered Agent  
 81 Name THADDEUS J LOWRY  
 82 Street Address (P.O. Box Number is Not Acceptable) 1625 CHESAPEAKE AVE #203  
 83  
 84 City NAPLES FL 85 Zip Code 34102

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 *Thaddeus J Lowry* DATE 1-15-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PSD
NAME	GARSH, ANTHONY	1.2 NAME	MARRIOTT, SARA
STREET ADDRESS	3442 BIRCH ST	1.3 STREET ADDRESS	1625 CHESAPEAKE AVE #102
CITY-ST-ZIP	FRANKLIN PARK IL 60131	1.4 CITY-ST-ZIP	NAPLES FL 34102
TITLE	STD	2.1 TITLE	D
NAME	GEORGE, HELEN	2.2 NAME	GEORGE HELEN
STREET ADDRESS	1625 CHESAPEAKE AVE 103	2.3 STREET ADDRESS	1625 CHESAPEAKE AVE #103
CITY-ST-ZIP	NAPLES FL 33962	2.4 CITY-ST-ZIP	NAPLES FL 34102
TITLE	VD	3.1 TITLE	D
NAME	HALL, THERESE A	3.2 NAME	LOWRY, THADDEUS
STREET ADDRESS	1625 CHESAPEAKE AVE., #101	3.3 STREET ADDRESS	1625 CHESAPEAKE AVE #203
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	NAPLES FL 34102
TITLE		4.1 TITLE	D
NAME		4.2 NAME	GORSKI, ANTHONY
STREET ADDRESS		4.3 STREET ADDRESS	3442 BIRCH ST
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FRANKLIN PARK IL 60131
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do 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.

SIGNATURE: *Thaddeus J Lowry* THADDEUS J LOWRY 1-15-97 941 417 0149

CP2E037 (9/96)