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Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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
1625 CHESAPEAKE AV #203 NAPLES FL 33962
Mailing Address
1625 CHESAPEAKE #203 NAPLES FL 34102-0500

3. Date Incorporated or Qualified
06/15/1983
4. FEI Number
65-0059155
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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 Sulte, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Sulte, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
LOWRY, THADDEUS J
1625 CHESAPEAKE AVE 203
NAPLES FL 34102

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

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

12. OFFICERS AND DIRECTORS
D GEORGE, HELEN
1625 CHESAPEAKE AVE 103
NAPLES FL 34102
D MARRIOTT, SARA
1625 CHESAPEAKE AVE #102
NAPLES FL 34102
D LOWRY, THADDEUS
1625 CHESAPEAKE AVE #203
NAPLES FL 34102
D GORSKI, ANTHONY
3442 BIRCH ST
FRANKLIN PARK IL 60131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: *[Signature]* 1-5-98 941-417-049

CR2E037 (1097)