


**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90009 037 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768958**  
 Corporation Name  
**SANDPIPER WEST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 1625 CHESAPEAKE AV #203 #101 NAPLES FL 33962	Mailing Address 1625 CHESAPEAKE #101 NAPLES FL 34102-0500
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**DAVID HOLIDAY - President**



21 Principal Place of Business 1625 Chesapeake Ave	27 Mailing Address 1625 Chesapeake Ave #101	23 City & State NAPLES FL	28 City & State FL
22 #101	27	24 Zip 34102	29 Country

3. Date Incorporated or Qualified 06/15/1983	4. FEI Number 65-0059155	Applied For Not Applicable
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	

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

10. Name and Address of New Registered Agent  
 81 Name: Sara Marriott  
 82 Street Address (P.O. Box Number is Not Acceptable): 2614 Miami Trail N.  
 83 #701  
 84 City: Naples, FL 85 Zip Code: 34103

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: *Sara Marriott* DATE: 02/21/99  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: GEORGE, HELEN	STREET ADDRESS: 1625 CHESAPEAKE AVE 103	CITY-ST-ZIP: NAPLES FL 34102	<input checked="" type="checkbox"/> DELETE
TITLE: PSD	NAME: MARRIOTT, SARA	STREET ADDRESS: 1625 CHESAPEAKE AVE #102	CITY-ST-ZIP: NAPLES FL 34102	<input type="checkbox"/> DELETE
TITLE: D	NAME: LOWRY, THADDEUS	STREET ADDRESS: 1625 CHESAPEAKE AVE #203	CITY-ST-ZIP: NAPLES FL 34102	<input checked="" type="checkbox"/> DELETE
TITLE: D	NAME: GORSKI, ANTHONY	STREET ADDRESS: 3442 BIRCH ST	CITY-ST-ZIP: FRANKLIN PARK IL 60131	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Pres	1.2 NAME: DAVID HOLIDAY	1.3 STREET ADDRESS: 1625 Chesapeake	1.4 CITY-ST-ZIP: Naples, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: V.P.	2.2 NAME: DALYSA McKinney	2.3 STREET ADDRESS: 1625 Chesapeake #203	2.4 CITY-ST-ZIP: Naples, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: Treas	3.2 NAME: Sara Marriott	3.3 STREET ADDRESS: 2614 Miami Trail N. #701	3.4 CITY-ST-ZIP: Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: Sec.	4.2 NAME: Helen George	4.3 STREET ADDRESS: 1625 Chesapeake #103	4.4 CITY-ST-ZIP: Naples, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE:	5.2 NAME:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE:	6.2 NAME:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sara Marriott* DATE: 02-21-99 DAYTIME PHONE #: 941-417-5150

CORP/ST/11/99