

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768958

FILED
Jan 19, 2004
Secretary of State**Entity Name:** SANDPIPER WEST CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1625 CHESAPEAKE AV
#101
NAPLES, FL 34102**New Principal Place of Business:****Current Mailing Address:**680 9TH ST SW
NAPLES, FL 34117 US**New Mailing Address:**210 DENT DR
NAPLES, FL 34112 US**FEI Number:** 65-0059155**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOLLIDAY, CHARLES D
1625 CHESEPEATE AVE
#101
NAPLES, FL 34102 US**Name and Address of New Registered Agent:**GLEBAS, JOHN G
210 DENT
NAPLES, FL 34112 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN G GLEBAS

01/19/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OHOLLION, CHARLES
Address: 680 9TH STREET SW
City-St-Zip: NAPLES, FL 34117

Title: VD () Delete
Name: MCKINNEY, ALISA
Address: 1625 CHESAPEAKE AVE #103
City-St-Zip: NAPLES, FL 34102

Title: TD () Delete
Name: MARRIOTT, SARA
Address: 1625 CHESAPEAKE AVE #102
City-St-Zip: NAPLES, FL 34102

Title: SD () Delete
Name: GLEBAS, JOHN
Address: 210 DENT DRIVE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GLEBAS, JOHN
Address: 210 DENT DR
City-St-Zip: NAPLES, FL 34112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: HOLLIDAY, DAVID
Address: 680 9TH ST SW
City-St-Zip: NAPLES, FL 34117

Title: SD (X) Change () Addition
Name: MARRIOTT, SARA
Address: 1625 CHESAPEAKE AVE #102
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN G GLEBAS

PD

01/19/2004

Electronic Signature of Signing Officer or Director

Date