2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768958

FILED Mar 05, 2005 Secretary of State

Entity Name: SANDPIPER WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Pla	New Principal Place of Business:	
	SAPEAKE AV			
#101	EL 04400			
NAPLES,	FL 34102			
Current Mailing Address:		New Mailing Addi	New Mailing Address:	
210 DENT NAPLES,	DR FL 34112 US			
FEI Number	: 65-0059155 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Curr	ent Registered Agent:	Name and Addres	s of New Registered Agent:
GLEBAS, 210 DENT VAPLES,				
	e named entity subr e of Florida.	nits this statement for the	purpose of changing its registe	ered office or registered agent, or both,
n the Stat	e of Florida.	nits this statement for the	purpose of changing its registe	ered office or registered agent, or both,
n the Stat	e of Florida. RE:	nits this statement for the ignature of Registered Ag		ered oπice or registered agent, or both, Date
n the Stat SIGNATU	e of Florida. RE:	ignature of Registered Ag	ent	
n the Stat SIGNATU	e of Florida. RE: Electronic S	ignature of Registered Ag RS: ete	ent	Date
n the Stat SIGNATU DFFICER Fitle: Name: Address:	e of Florida. RE: Electronic S S AND DIRECTOF PD () Dele GLEBAS, JOHN 210 DENT DR	ignature of Registered Ag RS: ete ete AVE #103	ent ADDITIONS/CHAN Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTORS
n the Stat BIGNATU DFFICER Title: Jame: Jame: Jame: Jame: Jame: Jame: Jame: Jame: Jame:	e of Florida. RE: Electronic S S AND DIRECTOF PD () Dele GLEBAS, JOHN 210 DENT DR NAPLES, FL 34112 VD () Dele MCKINNEY, ALISA 1625 CHESAPEAKE	ignature of Registered Ag RS: ete AVE #103	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTORS () Change () Addition

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 GLEBAS PD 03/05/2005