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Mar 07 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 # N00934 (2)

1. Corporation Name

SANDRIFT CONDOMINIUM ASSOCIATION OF NAPLES, FLORIDA, INC.



Principal Place of Business

613 E LAKE DR.
NAPLES FL 33940
US

Mailing Address

1040 6TH AVE. N
NAPLES FL 34102-5603

3. Date Incorporated or Qualified
01/16/1984

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2515685

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOESMAN, W F
C/O COLLIER CONDO MGMT INC
1040 6TH AVE N
NAPLES FL 33940

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VTD DELETE
NAME WEER, RALPH
STREET ADDRESS 8 KIOWA DR.
CITY-ST-ZIP FT. MYERS FL 33931

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD DELETE
NAME BOYSEN, BETTY
STREET ADDRESS 613 E LAKE DR
CITY-ST-ZIP NAPLES FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME SCHRECK, ED
STREET ADDRESS 1685 DOLPHIN COURT
CITY-ST-ZIP NAPLES FL 33982

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD DELETE
NAME KEMP, DALE C.
STREET ADDRESS 36723 NANTUCKET CT.
CITY-ST-ZIP FRASER MI

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD DELETE
NAME LEEKA, LLOYD D
STREET ADDRESS 1660 PINE VALLEY #6-107
CITY-ST-ZIP FORT MYERS FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 of this report as an alternate address.

SIGNATURE:

Betty C. Boyesen *W F Foresman* *Betty C. Boyesen* *W F Foresman*
2/26/97 262-7461 941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DeVine Phone # 008884

CR2E037 (9/96)