

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33940
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3. Date Incorporated or Qualified
01/16/1984

4. FEI Number
59-2515685

Applied For	
Not Applicable	

2. Principal Place of Business
21

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc.
22

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State
23

7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip
24 34102

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

Country
25

Zip
26 34102

Country
30

9. Name and Address of Current Registered Agent
**FOESMAN, W F
C/O COLLIER CONDO MGMT INC
1040 6TH AVE N
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code
34102

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD WEER, RALPH 8 KIOWA DR. FT. MYERS FL 33931	1.1 TITLE	STD WEER, RALPH 104 ASPEN CIRCLE SEMINOLE, FL 33777
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD BOYSEN, BETTY 613 E LAKE DR NAPLES FL	2.1 TITLE	PD BOYSEN, BETTY 11540 Lake Drive Leesburg, Florida 34788
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SCHRECK, ED 1685 DOLPHIN COURT NAPLES FL 33962	3.1 TITLE	VD GEARING, GERALD 2033 S.E. 27th Terrace Cape Coral, FL 33904
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD KEMP, DALE C. 38723 NANTUCKET CT. FRASER MI	4.1 TITLE	D DIESELHORST, LEONARD P. O. Box 678027 Orlando, FL 32867
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD LEEKA, LLOYD D 1600 PINE VALLEY #6-107 FORT MYERS FL	5.1 TITLE	D PAYDO, RONALD 7927 Oak Ridge Drive Mentor, Ohio 44060
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Betty C. Boyesen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)