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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N00934

1. Corporation Name

SANDRIFT CONDOMINIUM ASSOCIATION OF NAPLES, FLORIDA, INC.

Principal Place of Business

613 E LAKE DR.
 NAPLES FL 34102
 US

Mailing Address

1040 6TH AVE. N
 NAPLES FL 34102
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

01/16/1984

22 City & State

27 City & State

4. FEI Number
 59-2515685

Applied For
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

81 Name

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

83

84 City

FL

85 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 STD DELETE
 NAME WEER, RALPH
 STREET ADDRESS 104 ASPEN CIRCLE
 CITY-ST-ZIP SEMINOLE FL 33777

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 11540 LAKE DRIVE
 CITY-ST-ZIP LEESBURG FL 34788

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

TITLE VD DELETE
 NAME GEARING, GERALD
 STREET ADDRESS 2033 S.W. 27TH TERRACE
 CITY-ST-ZIP CAPE CORAL FL 33904

3.1 TITLE SD Change Addition
 3.2 NAME MAIALE
 3.3 STREET ADDRESS 672 98TH AVE N.
 3.4 CITY-ST-ZIP NAPLES, FL 34110

TITLE D DELETE
 NAME DIESELHORST, LEONARD
 STREET ADDRESS P.O. BOX 678027 N/A
 CITY-ST-ZIP ORLANDO FL 32867

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

TITLE D DELETE
 NAME PAYDO, RONALD
 STREET ADDRESS 7927 OAK RIDGE DRIVE
 CITY-ST-ZIP MENTOR OH 44060

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 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: SIGNATURE REQUIRED 3/22/99 741-242-7866
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)