2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 02, 2004 8:00 am Secretary of State DOCUMENT # N00934 08-02-2004 90012 008 ****61.25 SANDRIFT CONDOMINIUM ASSOCIATION OF NAPLES, FLORIDA, INC. Principal Place of Business Mailing Address 613 E LAKE DR. 1040 6TH AVE, N NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (4/04) City & State City & State Applied For 4. FEI Number 59-2515685 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORESMAN, W F Street Address (P.O. Box Number is Not Acceptable) C/O COLLIÉR CONDO MGMT INC 1040 6TH AVE N NAPLES FL 33940 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By September 8, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition WEER, RALPH NAME 104 ASPEN CIRCLE STREET ADDRESS STREET ADDRESS SEMINOLE FL 33777 CITY-ST-7IP CITY-ST-ZIP VPD ΠΠF ☐ Delete TITLE ☐ Change Addition RICHTER, SIMON NAME NAME 2717 BOOGER HOLLOW CONNECTOR STREET ADDRESS STREET ADDRESS **BLAIRSVILLE GA 30512** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Detete ☐ Change ☐ Addition NOVAK, RICHARD C NAME NAME 2010 HARBORTOWN DR STE G DOCKSIDE STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34946-1421 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition DIESSELHORST, LEONARD NAME NAME P.O. BOX 678027 N/A STREET ADDRESS STREET ADDRESS ORLANDO FL 32867 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition SMITH, PAUL NAME NAME 6950 FRANCE AVE SOUTH SUITE 211 STREET ADDRESS STREET ADDRESS **EDINA MN 55435** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition TITLE FORESMAN, W F NAME NAME 4830 PALMETTO WOODS DRIVE STREET ADDRESS STREET ADDRESS NAPLES FL: 34119-2810 CITY-ST-ZIP

FILED

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

12. 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 report or supplemental 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 10 or Block 11 if