

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N00934

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2515685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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  
Due By May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME WEER, RALPH ☐ Delete  
STREET ADDRESS 104 ASPEN CIRCLE  
CITY-STATE-ZIP SEMINOLE FL 33777

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 000000200274  
CITY-STATE-ZIP 01/28/05-80020-018 61.25

TITLE  
NAME VPD ☐ Delete  
STREET ADDRESS RICHTER, SIMON  
CITY-STATE-ZIP 2717 BOOGER HOLLOW CONNECTOR  
BLAIRSVILLE GA 30512

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME SD ☐ Delete  
STREET ADDRESS NOVAK, RICHARD C  
CITY-STATE-ZIP 2010 HARBORTOWN DR STE G DOCKSIDE  
FORT PIERCE FL 34946-1421

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME PD ☐ Delete  
STREET ADDRESS DIESSELHORST, LEONARD  
CITY-STATE-ZIP P.O. BOX 678027 N/A  
ORLANDO FL 32867

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME D ☐ Delete  
STREET ADDRESS SMITH, PAUL  
CITY-STATE-ZIP 6950 FRANCE AVE SOUTH SUITE 211  
EDINA MN 55435

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME S ☐ Delete  
STREET ADDRESS FOESMAN, W F  
CITY-STATE-ZIP 4830 PALMETTO WOODS DRIVE  
NAPLES FL 34119-2810

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*W F Foessman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 27, 2005 08:00 AM  
Secretary of State

9095 1125/05



1st MOORE

CR2E037 (10/04)