

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007717

FILED
Apr 29, 2005
Secretary of State

Entity Name: SANDPIPER GULF RESORT III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4001 TAMIAMI TRAIL NORTH SUITE 330
NAPLES, FL 34103

New Principal Place of Business:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104

Current Mailing Address:

4001 TAMIAMI TRAIL NORTH SUITE 330
NAPLES, FL 34103

New Mailing Address:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104

FEI Number: 20-1896008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVATORI, LEO J
4001 TAMIAMI TRAIL NORTH SUITE 330
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

CARROLL, GLENN PRES
265 AIRPORT RD S
NAPLES, FL 34104 US

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.

SIGNATURE: GLENN CARROLL

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LUND, CHAD
Address: 5550 ESTERO BLVD
City-St-Zip: FT MYERS BEACH, FL 33931

Title: DV () Delete
Name: SIMS, MICHAEL
Address: 5550 ESTERO BLVD
City-St-Zip: FT MYERS BEACH, FL 33931

Title: DST () Delete
Name: KOENKE, JERRY
Address: 5550 ESTERO BLVD
City-St-Zip: FT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAD LUND

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date