

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northing  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 8:55

DOCUMENT # **N20523** (9)

1. Corporation Name  
**SANDPIPER WEST OF SANIBEL CONDOMINIUM ASSOCIATIO  
N, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**CARETAKER MANAGEMENT** **CARETAKER MANAGEMENT**  
**BOX 100** **BOX 100**  
**SANIBEL FL 33957** **SANIBEL FL 33957**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/06/1987** 3a. Date of Last Report **07/14/1994**  
4. FEI Number **65-0055868** Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. # etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip  
24. Country 29. Country 30. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**JAMBECK, NICHOLAS**  
**1630 PERIWINKLE WAY**  
**SANIBEL FL 33957**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
**1630 Periwinkle Way**  
83. City  
**FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISH, WILLIAM A.	12 NAME	
STREET ADDRESS	23 MOCKINGBIRD	13 STREET ADDRESS	
CITY, ST, ZIP	HACKETTSTOWN NJ	14 CITY, ST, ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, PATSY	22 NAME	
STREET ADDRESS	55 DINGLETOWN RD.	23 STREET ADDRESS	
CITY, ST, ZIP	GREENWICH CT	24 CITY, ST, ZIP	
TITLE	V/D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, PATSY	32 NAME	
STREET ADDRESS	55 DINGLETOWN RD	33 STREET ADDRESS	
CITY, ST, ZIP	GREENWICH CT	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *William Kish* **WILLIAM KISH** 4/25/95 81347250-20  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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1995



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Sandra B. Norman  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **N20620** (3)

1. Corporation Name:

**FLORIDA ASSOCIATION OF COORDINATED TRANSPORTATION SYSTEMS, INCORPORATED**

COMM - 111001  
CORPORATION & STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**P O BOX 1721 TALLAHASSEE FL 32302** **P O BOX 1721 TALLAHASSEE FL 32302**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/13/1987</b>	3a. Date of Last Report <b>06/22/1994</b>
4. FEI Number <b>59-2828619</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**WATERS, EDWARD B  
2927 ROBERTS AVE  
TALLAHASSEE FL 32310**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature) \_\_\_\_\_ (Typed Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECANDIS, DREW	1.2 NAME	
STREET ADDRESS	4161 CARMICHAEL AVE	1.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	1.4 CITY ST ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, JAMES	2.2 NAME	
STREET ADDRESS	1000 BELLE TERRE BLVD	2.3 STREET ADDRESS	
CITY ST ZIP	PALM CT FL	2.4 CITY ST ZIP	
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, EDWARD	3.2 NAME	
STREET ADDRESS	2927 ROBERTS AVE	3.3 STREET ADDRESS	2201 EISENHOWER ST.
CITY ST ZIP	TALLAHASSEE FL	3.4 CITY ST ZIP	
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MARK, MARION</del>	4.2 NAME	Dee Sheridan
STREET ADDRESS	<del>2711 N.W. 6TH ST STE B</del>	4.3 STREET ADDRESS	7941 Mercantile Street
CITY ST ZIP	<del>GAINESVILLE FL</del>	4.4 CITY ST ZIP	North Ft. Myers, Florida 33917
TITLE	VT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(3)(b), 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: *Edward Waters* Edward Waters 4-25-95 (904)574-6266  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone No.