FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N20523

SANDPIPER WEST OF SANIBEL CONDOMINIUM ASSOCIATIO N. INC.

FILED Feb 16, 1999 8:00 am § Secretary of State

02-16-1999 90034 048 ****61.25

Principal Place	e of Business	Mailing Address	Mailing Address					
CARETAKER MANAGEMENT			CARETAKER MANAGEMENT					
BOX 100		BOX 100						
SANIBEL FL 33957		SANIBEL FL 33957			\$ 188\$ 9 9 8 49 40 6 6 1 9 1	110 110		
								·
2. Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualife	d.		
21	26			05/06/1987				
Suite, Apt. #, etc. Suite, Apt. #, e			etc.		4. FEI Number		App	olied For
22		27			65-0055868		Not Applicable	
City & Stat	e	City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23		28						<u> </u>
Zip	Country	Zip	Countr	У	6. Election Campaign Financing	, \Box	\$5.00	
24	25	29	30		Trust Fund Contribution		Added to	Fees
	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New	Registered A	(gent	
			8	1 Name				*
JAMBECK, NICHOLAS				2 Stroot Add	ress (P.O. Box Number is Not Accep	table)		
			8:	Street Add	ress (F.O. Box 140mber is Not Accep	nable)		
1633 PERIWINKLE WAY			8:	3				
SANIBEL	FL 33957		-					
	•		8-	4 City		FL	85 Zip C	ode
					poration submits this statement for the	<u> </u>		·
SIGNATURE	Signature, typed or printed name of registered				ed when reinstating)	DATE	·	 .
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO C	FFICERS AN	D DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	KISH, WILLIAM A.		1.2 NAME					
	23 MOCKINGBIRD			ET ADDRESS				
STREET ADDRESS					• •			
CITY-ST-ZIP	HACKETTSTOWN NJ	[] DELETE	1.4 CITY-				Change	☐ Addition
TITLE	VD	[DETE IE	2.1 TITLE		•		Change	E Addition
NAME	TAYLOR, PATSY		2.2 NAME					
STREET ADDRESS	55 Dingletown RD.		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	GREENWICH CT		2.4 CITY	-ST-ZIP				
TITLE	V/D	☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME	TAYLOR, PATSY		3.2 NAME					
STREET ADDRESS	55 DINGLETOWN RD		3.3 STRE	ET ADDRESS				
	GREENWICH CT		3.4. CİTY					
CITY-ST-ZIP	UNECHWIUN UI	☐ DELETE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
TITLE		C SCIETE						_
NAME	,		4. 2 NAM	1			; •	
STREET ADDRESS				ET ADORESS				٠ ٠
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE	1			Change	Addition Addition
NAME			5.2 NAME					
			53 STRE	ET ADDRESS				

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

___ Addition