

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20523

1. Entity Name

SANDPIPER WEST OF SANIBEL CONDOMINIUM ASSOCIATIO

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90124 022 ****61.25

Principal Place of Business

~~ISLAND CARETAKER MANAGEMENT~~
~~BOX 100~~
 SANIBEL FL 33957
 2835 W. Gulf

Mailing Address

~~ISLAND CARETAKER MANAGEMENT~~
 BOX 100
 SANIBEL FL 33957-0100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0055868

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JAMBECK, NICHOLAS
 1633 PERIWINKLE WAY
 SANIBEL FL 33957

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.

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KISH, WILLIAM A.	
STREET ADDRESS	23 MOCKINGBIRD	
CITY-ST-ZIP	HACKETTSTOWN NJ	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, PATSY	
STREET ADDRESS	55 DINGLETOWN RD.	
CITY-ST-ZIP	GREENWICH CT	
TITLE	V/D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, PATSY	
STREET ADDRESS	55 DINGLETOWN RD	
CITY-ST-ZIP	GREENWICH CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Bob Smith		
STREET ADDRESS	1284 Clubview S.		
CITY-ST-ZIP	Columbus GA		
TITLE	STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Bill Kozup		
STREET ADDRESS	8 Wood Acre Rd		
CITY-ST-ZIP	St. Louis, MO		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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

SIGNATURE: William A. Kish **WILLIAM A. KISH** 4/13/00 941 472 3001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)