

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90175 016 ****61.25

DOCUMENT # **N 20523**
 1. Entity Name
Sandpiper West of Sanibel Condo Assn

Principal Place of Business
2835 W. Gulf Dr
Sanibel, FL 33957

Mailing Address
Island Mgmt
P.O. Box 100
Sanibel, FL 33957

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number
65-0055 968

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Nicholas Janbeck
703-B Tarpon Bay Rd
Sanibel, FL 33957

7. Name and Address of New Registered Agent
 Name-
 Street Address (P.O. Box Number is Not Acceptable)
 City

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 _____ (NOTE: Registered Agent Signature required when retreating) _____ DATE _____

FINE NOW
FEES \$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

TITLE NAME	Kish, William PD	<input type="checkbox"/> Delete
STREET ADDRESS	23 Mockingbird	
CITY-ST-ZIP	Hackettstown NJ	
TITLE NAME	Smith, Bob NO	<input type="checkbox"/> Delete
STREET ADDRESS	1284 Clubview S.	
CITY-ST-ZIP	Columbus OH	
TITLE NAME	Kosup, Gil STD	<input type="checkbox"/> Delete
STREET ADDRESS	8 W 1st Ave Rd	
CITY-ST-ZIP	St. Louis, MO	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(1), 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 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 B changed, or on an attachment w

SIGNATURE: **William Kish ED 4/10/01**