


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90241 034 ****61.25

DOCUMENT # N20523

1. Entity Name
SANDPIPER WEST OF SANIBEL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**ISLAND MANAGEMENT
 2835 W GULF DR
 SANIBEL, FL 33957**

Mailing Address
**ISLAND MANAGEMENT
 P.O. BOX 100
 SANIBEL, FL 33957**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



03312005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0055868

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JANBECK, NICHOLAS
 703-B TARPON BAY RD
 SANIBEL, FL 33957**

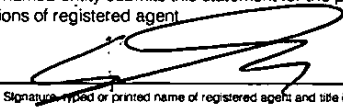
7. Name and Address of New Registered Agent

Name **Stave Mackesy**

Street Address (P.O. Box Number is Not Acceptable)
711 Tarpon Bay Rd

City **Sanibel** FL Zip Code **33957**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Stave Mackesy** DATE **4-7-05**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KISH, WILLIAM A.	
STREET ADDRESS	23 MOCKINGBIRD	
CITY-ST-ZIP	HACKETTSTOWN, NJ	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, BOB	
STREET ADDRESS	1284 CLUBVIEW S	
CITY-ST-ZIP	COLUMBUS, OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAVROGENES, PETER	
STREET ADDRESS	6500 ASHLAND AVE	
CITY-ST-ZIP	OAK PARK, IL 60303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	Secretary/Treasurer	<input checked="" 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:  **Anne Cardinal** DATE **4/8/05** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR