

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20523

FILED  
Apr 03, 2009  
Secretary of State

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

**Current Principal Place of Business:**

ISLAND MANAGEMENT  
2835 W GULF DR  
SANIBEL, FL 33957

**New Principal Place of Business:**

ISLAND MANAGEMENT  
711 TARPON BAY RD  
SANIBEL, FL 33957

**Current Mailing Address:**

ISLAND MANAGEMENT  
P.O. BOX 100  
SANIBEL, FL 33957

**New Mailing Address:**

FEI Number: 65-0055868      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MACKESY, STEVE  
703-B TARPON BAY RD  
711 TARPON BAY RD  
SANIBEL, FL 33957 US

**Name and Address of New Registered Agent:**

MACKESY, STEVE  
711 TARPON BAY RD  
SANIBEL, FL 33957 US

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: \_\_\_\_\_ Date: 04/03/2009  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KISH, WILLIAM A.,  
Address: 2835 WEST GULF DR #6  
City-St-Zip: SANIBEL, FL 33957

Title: VD ( ) Delete  
Name: SMITH, BOB  
Address: 1284 CLUBVIEW S  
City-St-Zip: COLUMBUS, OH

Title: ST ( ) Delete  
Name: MAVROGENES, PETER  
Address: 6500 ASHLAND AVE  
City-St-Zip: OAK PARK, IL 60303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KISH, WILLIAM  
Address: 2835 WEST GULF DR #6  
City-St-Zip: SANIBEL, FL 33957

Title: VD (X) Change ( ) Addition  
Name: SMITH, ROBERT  
Address: 2835 WEST GULF DR #4  
City-St-Zip: SANIBEL, FL 33957

Title: STD (X) Change ( ) Addition  
Name: MAVROGENES, PETER  
Address: 1500 ASHLAND AVE  
City-St-Zip: RIVER FORREST, IL 60305

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM KISH      PD      Date: 04/03/2009  
Electronic Signature of Signing Officer or Director