FILED

Oct 08 1998 8:00am

Secretary of State

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BIT ORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REGORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N40223

(2)

SANDPIPER AT INDIAN RIVER PLANTATION CONDOMINIUM ASSOCIATION, INC.

ASSOCIATION, INC.							
Principal Plac	te of Business	Mailing Address					
555 NE OCEA HUTCHINSON STUART FL 3 US	ISLAND	555 NE OCEAN BLVD HUTCHINSON ISLAND STUART FL 34996 US				3. Date Incorporated or Qualified 10/05/1990 4. FET Number 23-2292398 Not Applied For	•
2. Principal F	Yace of Business	Za. Mailing Address				5. Certificate of Status Desired [\$8.75 Additional Foc Required	
Suite, Apl 22 City & Stat 23		Suite, Apt. #, etc. 27 City & State 28				6. Flection Campaign Financing \$5.00 May Bo Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homowners association?	
Zip 24	Country 25 9. Name and Address of Current	Zip 29 Registered Agent	30 Cou	.	Name	8. This corporation owes or has paid the current year Intendable Personal Property Tax due June 30. [Yes [No N/# 10. Name and Address of New Registered Agent No N No N	4
CORPORA	ATION SERVICE COMANY			82	Street Addre	uss (P.O. Box Number is Not Acceptable)	
	S STREET						
TALLAHAS	SSEE FL 32301			83			
				84	City	[85] Zip Code	- (
office or re	gistered agent, or both, in the State of I n familiar with, and accept the obligation.	Torida Such change was a is of, section 617,0503, Flo	uthorized Irida Statul	by the les.	corporation's	ion submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered	
40	Signature, typed or printed non-eintregistered ago it at OLLICERS AND			ed Aptic	it signaturu require	had when reinstating) DATE A CAST CAST CAST CAST CAST CAST CAST CAS	1
12. Tali	DP	DELETE	13. 1110	nr)	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [Change	ľ
NAME	DIGBY, TIMOTHY	(Detrit	1.2 N/			[Change [] Addition	1
STREET ADDRESS	THE ME COPAN BUND		1.3 \$1	REELAL	DORESS		ĺ
City-S1-ZiP	STUART FL 34996		1,4 CI	1 Y-\$1- <i>7</i>	iP		
1111.1	STD	[DELFTE	2 1 10	ILF		[Change [Addition	
NAME	BARNETT, TERRI		2.2 NA	AV.E			Į
STREET ADDRESS	555 NE OCEAN BLVD			KEET A	1		l
CHY-S1-7#* THLE	STUART FL 34996 VD	DELETE	24 CF	1 Y-ST- <i>7</i> n E	ib .	Change Addition	1
NAME	BLOOM, JEFFREY	[A DELLIE	3 2 N/			[Change Addition	
STREEL ADDRESS			3 3 ST	REFLA	ODRESS		1
CITY-51-7161	STUART FL 34996		3.4 CI	1 Y-ST-7	re		J
TITLE	VD	[] DELETE	4.111	١١٤		[Change [Addition	
NAME	Edward Griffith		4.2 NA	ME			1
STREET ADDRESS	555 NE Ocean Blvd		1	REE1 AT			
CHY-S1-ZIP	Stuart, F1 34996	1.1		1Y-\$1-76	ıP ∫	- []	
NAME		[DELETE	5.1 1 1 5.2 NA			[Change Addition	Į
STREET ADDRESS			5.2 NA	IMI REETAL	ODRESS.		
CHY-\$1-7/P				IY-\$1-71			1
TITLE		[DELETE	61111			[Change Addition	1
NAME		Lieure	6.2 NA	ME	ł	[] County: [] Producti	1
STREET ADORESS			6351	REETAE	TORESS		
CHY-\$1-70°			6.4 CI	[Y-\$1-71	P		-

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same logal 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.

SIGNATURE:

SIGNATURE:

SIGNATURE:

Date

Da