

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001810 (1)

SANDPIPER COVE CONDOMINIUM HOMEOWNERS' ASSOCIATION, INC.

1. Corporation Name
Principal Place of Business
Mailing Address

2. Principal Place of Business
2a. Mailing Address

3. Date Incorporated or Qualified
4. FEI Number
5. Certificate of Status Desired
6. Election Campaign Financing
7. Is this nonprofit corporation a homeowners association?
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

2. OFFICERS AND DIRECTORS

NAME	PD SKELLY, MARY A	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	1745 GULF BLVD.	
CITY-ST-ZIP	ENGLEWOOD FL	
NAME	VSTD HINTLIAN, ALBERT	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	27 JONATHAN CIRCLE	
CITY-ST-ZIP	ENGLEWOOD FL	
NAME	D SKELLY, JOSEPH E	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	1745 GULF BLVD.	
CITY-ST-ZIP	ENGLEWOOD FL	
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	H. WELLS FRENCH	
1.3 STREET ADDRESS	1745 GULF BLVD	
1.4 CITY-ST-ZIP	ENGLEWOOD FL 34223	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RANDALL ST. PIERRE	
2.3 STREET ADDRESS	1745 GULF BLVD #5	
2.4 CITY-ST-ZIP	ENGLEWOOD FL 34223	
3.1 TITLE	S/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DENISE FERDINAND	
3.3 STREET ADDRESS	1745 GULF BLVD #16	
3.4 CITY-ST-ZIP	ENGLEWOOD FL 34223	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	THOMAS J. HENRY, JR.	
4.3 STREET ADDRESS	7217 DEEGAN ST.	
4.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EDWARD SNOUFFER	
5.3 STREET ADDRESS	1745 GULF BLVD #1	
5.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223	
6.1 TITLE	30000024680	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/25/98--01005--033	
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

President

CFR2E037 (10/97)