


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90067 030 ****61.25

DOCUMENT # N95000002892 1. Entity Name SANDPIPER ISLE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3300 CAYMAN LANE NAPLES, FL 34119 US			Mailing Address 3300 CAYMAN LANE NAPLES, FL 34119 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MI - JACK LLC 3300 CAYMAN LANE NAPLES, FL 34119				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROKOPOW, BILL 24390 SANDPIPER ISLE WAY #104 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McCoy, Robert 24341 Sandpiper Isle Way #603 Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSELL, CHARLES 24381 SANDPIPER ISLE WAY #204 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Russell, Charles 24381 Sandpiper Isle Way #204 Bonita Springs, FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCELANEY, NANCY 24330 SANDPIPER ISLE WAY 404 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Strumm, Ken 24360 Sandpiper Isle Way #202 Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WITT, BLAIR 24330 SANDPIPER ISLE WAY 501 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Witt, Blair 24330 Sandpiper Isle Way #501 Bonita Springs, FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVANS, BILL 24360 SANDPIPER ISLE WAY 105 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Curtiss, Robert 24330 Sandpiper Isle Way #304 Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Jack Erickson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/11/08 595-7585 <small>Date Daytime Phone #</small>		

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03072008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0651232 Applied For
Not Applicable

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

FL

Zip Code