

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002892

FILED
Mar 09, 2009
Secretary of State

Entity Name: SANDPIPER ISLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3300 CAYMAN LANE
NAPLES, FL 34119 US

New Principal Place of Business:

4833 MARTINIQUE WAY
NAPLES, FL 34119 US

Current Mailing Address:

3300 CAYMAN LANE
NAPLES, FL 34119 US

New Mailing Address:

4833 MARTINIQUE WAY
NAPLES, FL 34119 US

FEI Number: 65-0651232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MI - JACK LLC
3300 CAYMAN LANE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

MI - JACK LLC
4833 MARTINIQUE WAY
NAPLES, FL 34119 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:

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCOY, ROBERT
Address: 24341 SANDPIPER ISLE WAY #603
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: RUSSELL, CHARLES
Address: 34381 SANDPIPER ISLE WAY #204
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD () Delete
Name: STRUMM, KEN
Address: 24360 SANDPIPER ISLE WAY #202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD () Delete
Name: BLAIR, WITT
Address: 24330 SANDPIPER ISLE WAY #501
City-St-Zip: BONITA SPRINGS, FL 34134

Title: T () Delete
Name: CURTISS, ROBERT
Address: 24330 SANDPIPER ISLE WAY #304
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HAAS, CONNIE
Address: 24390 SANDPIPER ISLE WAY #105
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD (X) Change () Addition
Name: STRUMM, KEN
Address: 24360 SANDPIPER ISLE WAY #202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BLAIR WITT

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date