


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90162 037 ****61.25

DOCUMENT # N95000004356	
1. Entity Name SANDPIPER GREENS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O SCHOO MGMT, INC. 9411 CYPRESS LAKE DR. STE 2 FORT MYERS, FL 33919 US	Mailing Address C/O SCHOO MANAGEMENT, INC. 9411-2 CYPRESS LAKE DRIVE FORT MYERS, FL 33919 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03142006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0644198	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GELLES, ROBERT C/O SCHOO MANAGEMENT, INC. 9411-2 CYPRESS LAKE DRIVE FORT MYERS, FL 33919	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	Signature, typed or printed name of registered agent and title. (NOTE: Registered Agent signature required when reconstituting)	DATE
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Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS	
TITLE	DT <input type="checkbox"/> Delete
NAME	SHELTON, LARRY
STREET ADDRESS	25161 SANDPIPER GREENS COURT #303
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	VD <input type="checkbox"/> Delete
NAME	MASTERS, DICK
STREET ADDRESS	25140 SANDPIPER GREENS CT., #101
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	PD <input type="checkbox"/> Delete
NAME	MONACO, LARRY
STREET ADDRESS	25161 SANDPIPER GREENS CT., #204
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D <input type="checkbox"/> Delete
NAME	ROBSON, MONTY
STREET ADDRESS	14201 BROOKLINE CT
CITY-ST-ZIP	WICHITA, KS 67230
TITLE	SD <input type="checkbox"/> Delete
NAME	SCHMIDT, CHRISTINA
STREET ADDRESS	25160 SANDPIPER GREENS CT
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	Larry Monaco	4-12-06	239-481-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Telephone