

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766243

Entity Name: SANDPIPER CONDOMINIUM ASSOCIATION OF MARCO ISLAND, INC.**FILED**
May 08, 2018
Secretary of State
CC8391369906**Current Principal Place of Business:**850 SOUTH COLLIER BLVD.
MARCO ISLAND, FL 34145**Current Mailing Address:**850 SOUTH COLLIER BLVD.
MARCO ISLAND, FL 34145**FEI Number: 59-2262504****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GREUSEL, JAMIE B
1104 NO COLLIER BLVD
MARCO ISLAND, FL 34145 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	BURNS, JOSEPH
Address	17781 NORTH SHORE DRIVE
City-State-Zip:	SPRING LAKE MI 49456

Title	VP
Name	ANDERSON, LEE
Address	850 SOUTH COLLIER BLVD. #302
City-State-Zip:	MARCO ISLAND FL 34145

Title	D
Name	BONICA, DON
Address	1916 KENILWORTH COURT
City-State-Zip:	TOMS RIVER NJ 08753

Title	PRESIDENT
Name	WHEELER, J. WAYNE
Address	850 S. COLLIER BLVD. UNIT 1704
City-State-Zip:	MARCO ISLAND FL 34145

Title	SECRETARY
Name	KUSIAK, CLEMENT
Address	850 S. COLLIER BLVD. UNIT 203
City-State-Zip:	MARCO ISLAND FL 34145

Title	TREASURER
Name	NELZ, RANDY
Address	850 S. COLLIER BLVD. UNIT 1203
City-State-Zip:	MARCO ISLAND FL 34145

Title	DIRECTOR
Name	HOLT, JON
Address	850 S. COLLIER BLVD. UNIT 703
City-State-Zip:	MARCO ISLAND FL 34145

I hereby 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 all other like empowered.

SIGNATURE: J. WAYNE WHEELER**PRESIDENT****05/08/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date