

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00934

Entity Name: SANDRIFT CONDOMINIUM ASSOCIATION OF NAPLES,
FLORIDA, INC.**Current Principal Place of Business:**613 E LAKE DR.
NAPLES, FL 34102**Current Mailing Address:**613 EAST LAKE DRIVE
NAPLES, FL 34102 US**FEI Number: 59-2515685****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NAPLES CONDOMINIUM MANAGEMENT, INC.
613 E LAKE DR.
NAPLES, FL 34102 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: BILL FORESMAN****02/09/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	SMITH, PAUL
Address	726 LAUREL STREET
City-State-Zip:	WILMETTE MN 60091

Title	TREASURER, SECRETARY
Name	FORESMAN, WILLIAM F
Address	4830 PALMETTO WOODS DR
City-State-Zip:	NAPLES FL 34119

Title	DIRECTOR
Name	FALCI, GERI
Address	800 LONE TREE ROAD
City-State-Zip:	ELM GROVE WI 53122

Title	DIRECTOR
Name	GRANT, ALICE FAYE
Address	5122 87TH COURT EAST
City-State-Zip:	BRADENTON FL 34211

Title	DIRECTOR
Name	KWANT, CLARE
Address	19090 KENNY DRIVE
City-State-Zip:	BIG RAPIDS MI 49307

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: WILLIAM FORESMAN**MANAGER****02/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date