

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:18

DOCUMENT # 725761 (1)
1. Corporation Name
SUGAR SANDS CONDOMINIUM ASSOCIATION INC

Principal Place of Business Mailing Address
1241 SUGAR SANDS BLVD. RIVIERA BEACH FL 33404 **1241 SUGAR SANDS BLVD. RIVIERA BEACH FL 33404**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/09/1973** 3a. Date of Last Report **03/01/1994**
4. FEI Number **59-1554808** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WEBER, SHARON
5006 AUSTRALIAN AVE.
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MASEK, CLIFFORD C.
STREET ADDRESS	1262 N. SUGAR SANDS BLVD.
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	SD
NAME	LANDES, JANICE
STREET ADDRESS	1051 SUGAR SANDS BLVD
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	VD
NAME	FRITZ, FRANK
STREET ADDRESS	1030 SUGAR SANDS BLVD.
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	TD
NAME	KRIM, MARVIN
STREET ADDRESS	1205 SANDY LANE
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Jerome Brilliant	
13 STREET ADDRESS	1250 Sugar Sands Blvd.	
14 CITY-ST-ZIP	Riviera Beach, FL 33404	
21 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Faith E. Jones	
23 STREET ADDRESS	1210 N. Sugar Sands Blvd.	
24 CITY-ST-ZIP	Riviera Beach, FL 33404	
31 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Betty Kidder	
33 STREET ADDRESS	1170 Sugar Sands Blvd.	
34 CITY-ST-ZIP	Riviera Beach, FL 33404	
41 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Charles C. O'Neill	
43 STREET ADDRESS	1251 Sugar Sands Blvd.	
44 CITY-ST-ZIP	Riviera Beach, FL 33404	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles C. O'Neill, Treas. 3-23-95 (407) 844-5630
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR