

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **03/09/1973**
3a. Date of Last Report: **03/29/1995**
4. FEI Number: **59-1554808**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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

10. Name and Address of New Registered Agent
81 Name: **KENNETH S. DIREKTOR**
82 Street Address (P.O. Box Number is Not Acceptable): **500 AUSTRALIAN AVENUE SOUTH 9TH FLOOR**
83
84 City: **WEST PALM BEACH FL** 85 Zip Code: **33401**

11. Pursuant to the provisions of Sections 617.6502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2/16/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	BRILLIANT, JEROME 1250 SUGAR SANDS BLVD RIVIERA BEACH FL	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President
TITLE: SD	JONES, FAITH E. 1210 N. SUGAR SANDS BLVD. RIVIERA BEACH FL	1.2 NAME: Rasmussen, Jay A. 1.3 STREET ADDRESS: 1262 N. Sugar Sands Blvd., Riviera Bch.
TITLE: VD	KIDDER, BETTY 1170 SUGAR SANDS BLVD RIVIERA BEACH FL	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary
TITLE: TD	O'NEILL, CHARLES C. 1251 SUGAR SANDS BLVD RIVIERA BEACH FL	2.2 NAME: Schmidt, Marilyn 2.3 STREET ADDRESS: 1190 Sugar Sands Blvd. Riviera Beach, FL
TITLE:		2.4 CITY - ST - ZIP: Riviera Beach, FL
TITLE:		3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice-President
TITLE:		3.2 NAME: Woodland, Rommel J. 3.3 STREET ADDRESS: 1170 Sugar Sands Blvd. Riviera Beach, FL
TITLE:		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		4.2 NAME:
TITLE:		4.3 STREET ADDRESS:
TITLE:		4.4 CITY - ST - ZIP:
TITLE:		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5.2 NAME:
TITLE:		5.3 STREET ADDRESS:
TITLE:		5.4 CITY - ST - ZIP:
TITLE:		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.2 NAME:
TITLE:		6.3 STREET ADDRESS:
TITLE:		6.4 CITY - ST - ZIP:

Handwritten notes and stamps:
- 03/27/96
- \$61.25
- M.M.
- 3-15-96
- 3.26

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 119.07(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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2-26-96** DAYTIME PHONE #: **407-844-5630**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)