

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
4. FEI Number 59-1554808	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 1242 N. SUGAR SANDS BLVD. City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 1242 N. SUGAR SANDS BLVD. City & State 28 Zip 29 Country
--	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DIREKTOR, KENNETH S.
500 AUSTRALIAN AVE. SOUTH
9TH FLOOR
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 617.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP RASMUSSEN, JAY A	<input checked="" type="checkbox"/>
NAME	1262 SUGAR SANDS BLVD.	
STREET ADDRESS	RIVIERA BEACH FL 33404	
CITY-ST-ZIP		
TITLE	DS SCHMIDT, MARILYN	<input checked="" type="checkbox"/>
NAME	1190 SUGAR SANDS BLVD.	
STREET ADDRESS	RIVIERA BEACH FL 33404	
CITY-ST-ZIP		
TITLE	DVP WOODLAND, ROMMEL J.	<input checked="" type="checkbox"/>
NAME	1170 SUGAR SANDS BLVD.	
STREET ADDRESS	RIVIERA BEACH FL	
CITY-ST-ZIP		
TITLE	TD O'NEILL, CHARLES C.	<input checked="" type="checkbox"/>
NAME	1251 SUGAR SANDS BLVD	
STREET ADDRESS	RIVIERA BEACH FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DP William W. Ormerod	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	1030 SUGAR SANDS BLVD.		
1.3 STREET ADDRESS	RIVIERA BEACH, FL. 33404		
1.4 CITY-ST-ZIP			
2.1 TITLE	DS JEANNE APPLEBY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	1070 SUGAR SANDS BLVD.		
2.3 STREET ADDRESS	RIVIERA BEACH, FL. 33404		
2.4 CITY-ST-ZIP			
3.1 TITLE	DVP RICHARD PERDUE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	1160 SUGAR SANDS BLVD.		
3.3 STREET ADDRESS	RIVIERA BEACH, FL. 33404		
3.4 CITY-ST-ZIP			
4.1 TITLE	TD JAY A. RASMUSSEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	1262 N. SUGAR SANDS BLVD.		
4.3 STREET ADDRESS	RIVIERA BEACH, FL. 33404		
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jay A. Rasmussen, Treas. 4-17-98 561-844-5630

CR2E037 (10/97)