


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90198 046 ****61.25

DOCUMENT # 725761

1. Entity Name
SUGAR SANDS CONDOMINIUM ASSOCIATION INC



Principal Place of Business
 1242 NORTH SUGAR SANDS BOULEVARD
 SINGER ISLAND, FL 33404-3147 US

Mailing Address
 1242 NORTH SUGAR SANDS BOULEVARD
 SINGER ISLAND, FL 33404-3147 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

06302005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-1554808

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DIREKTOR, KENNETH S
% BECKER & POLIAKOFF P.A.
500 AUSTRALIAN AVE., SOUTH 9TH FL
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name **same**

Street Address (P.O. Box Number is Not Acceptable)

625 North Flagler Dr., 7th Floor

City **West Palm Beach** State **FL** Zip Code **33401**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WINN, THOMAS P 1101 SUGAR SANDS BLVD RIVIERA BEACH, FL 33404 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS FRITSCHIE, FRANCOIS 1050 SUGAR SANDS BLVD RIVIERA BEACH, FL 33404 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAT HOUSTON, JOSEPH 1190 SUGAR SANDS BLVD. RIVIERA BEACH, FL 33404 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BERRINGTON, SANDRA 1160 SUGAR SANDS BLVD RIVIERA BEACH, FL 33404 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP DELISIO, LOUISE 1170 SUGAR SANDS BLVD. RIVIERA BEACH, FL 33404 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CROSS, DAVID 1030 SUGAR SANDS BLVD. RIVIERA BEACH, FL 33404 | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS Ormerod, William W. 1030 Sugar Sands Blvd. Riviera Beach, FL 33404 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAT Bertotti, Jr. Victor 1201 N. Sugar Sands Blvd. Riviera Beach, FL 33404 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAS Deakin, John 1030 Sugar Sands Blvd Riviera Beach, FL 33404 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #