


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90009 049 \*\*\*\*61.25

**DOCUMENT # 731418**

1. Entity Name  
**THE SANDARAC ASSOCIATION, INC.**



Principal Place of Business  
**6666 ESTERO BLVD  
 FT MYERS BEACH, FL 33931**

Mailing Address  
**6666 ESTERO BLVD  
 FT MYERS BEACH, FL 33931**

**54018202**



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

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

01132004 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**59-1807853**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**WOLF, RONALD  
 6666 ESTERO BLVD  
 FT MYERS BEACH, FL 33931**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**Filing Fee is \$61.25 Due by May 1, 2004**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	SWIGART, JAMES 6670 ESTERO BLVD. FT.MYERS BCH., FL 33931	TITLE NAME	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
TITLE PD	UNDERWOOD, GEORGE 6670 ESTERO BLVD FORT MYERS BEACH, FL 33931	TITLE NAME	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
TITLE TD	DOUGLAS, HAROLD 6672 ESTERO BLVD. FT.MYERS BCH., FL 33931	TITLE NAME	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
TITLE VPD	PETERS, HENRY 6672 ESTERO BLVD FORT MYERS BEACH, FL 33931	TITLE NAME	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
TITLE D	PLATTEN, WILLIAM 6670 ESTERO BLVD FORT MYERS BEACH, FL 33931	TITLE NAME	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
TITLE SD	CARNDUFF, JOHN 6670 ESTERO BLVD FORT MYERS BEACH, FL 33931	TITLE NAME	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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:** George Underwood **GEORGE UNDERWOOD** **3-3-04** **239 463-6080**

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