

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90291 026 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04252006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-1807853	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMAS, BILL 6666 ESTERO BLVD FT MYERS BEACH, FL 33931			Name <u>JAMES SWIGART</u> Street Address (P.O. Box Number is Not Acceptable) <u>6666 ESTERO BLVD.</u> City <u>Fort Myers Beach</u> FL <u>33931</u>		
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 <u>James Swigart</u> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when re-registering)</small>			DATE <u>4/27/06</u>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIGART, JAMES		NAME	SWIGART, JAMES	
STREET ADDRESS	6670 ESTERO BLVD.		STREET ADDRESS	6666 ESTERO BLVD.	
CITY-ST-ZIP	FT.MYERS BCH., FL 33931		CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNDERWOOD, GEORGE		NAME	MURPHY, MICHAEL	
STREET ADDRESS	6670 ESTERO BLVD		STREET ADDRESS	6666 ESTERO BLVD.	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUGLAS, HAROLD		NAME		
STREET ADDRESS	6672 ESTERO BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT.MYERS BCH., FL 33931		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, HENRY		NAME	PETROFF, STEPHEN	
STREET ADDRESS	6672 ESTERO BLVD		STREET ADDRESS	6666 ESTERO BLVD.	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLATTEN, WILLIAM		NAME		
STREET ADDRESS	6670 ESTERO BLVD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARNDUFF, JOHN		NAME		
STREET ADDRESS	6670 ESTERO BLVD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Harold Douglas - Treasurer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4/27/06</u> 239 834-5255 <small>Date Daytime Phone #</small>		

*We have
directors*

*D
CONRAD, CATHY
6670 ESTERO BLVD.*

Addition