FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State
02-26-1999 90044 014 ****61.25

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DOCUMENT # **744501**

1. Corporation Name

SAND DOLLAR SHORES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7420 S. OCEAN DR. C115 JENSEN BEACH FL 34957-2036 US	7420 S. OCEAN DR C115 JENSEN BEACH FL 34957-2036 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	10/06/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2162318 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CORNETT, JANE L., ESQUIRE
401 E. OSCEOLA
SUITE 102
STUART FL 33495

~~EDWARD~~ BECHT, EDWARD P.A.
P.O. BOX 2746
321 S. SECOND ST.
FORT PIERCE FL. 34954

10. Name and Address of New Registered Agent

81 Name: EDWARD W. BECHT, PA
82 Street Address (P.O. Box Number is Not Acceptable): 321 S. SECOND ST
83
84 City: FORT PIERCE FL 85 Zip Code: 34954

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: Edward W — 1-26-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DIMEFF, MARJORIE		1.2 NAME	DOMINICK CELENTANO	
STREET ADDRESS	7440 S OCEAN DRIVE A 824		1.3 STREET ADDRESS	7440 S. OCEAN DR. C-615	
CITY-ST-ZIP	JENSEN BEACH FL		1.4 CITY-ST-ZIP	JENSEN BEACH, FL	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, PHYLLIS		2.2 NAME		
STREET ADDRESS	7400 S OCEAN DR, E-502		2.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	3.1 TITLE	~~VPD~~ SEC.	☐ Change ☒ Addition
NAME	STEARNS, ARTHUR		3.2 NAME	ROBB, TOM	
STREET ADDRESS	7430 S OCEAN DR B 820		3.3 STREET ADDRESS	7430 S. OCEAN DR. B-318	
CITY-ST-ZIP	JENSEN BEACH FL		3.4 CITY-ST-ZIP	JENSEN BEACH, FL	
TITLE	D	☐ DELETE	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	PORTANTE, RICHARD		4.2 NAME	PORTANTE, RICHARD	
STREET ADDRESS	7410 SOUTH OCEAN DRIVE D-710		4.3 STREET ADDRESS	7410 S. OCEAN DR D-710	
CITY-ST-ZIP	JENSEN BEACH FL		4.4 CITY-ST-ZIP	JENSEN BEACH, FL	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUTCHISON, WILLIAM		5.2 NAME		
STREET ADDRESS	7440 S OCEAN DRIVE C415		5.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MARDIS, DEAN		6.2 NAME		
STREET ADDRESS	7430 S OCEAN DR B 621		6.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Treasurer 1-19-99 229-5352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #