FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:46

DOCUMENT # 752758 (3)

1. Corporation Name
SILVERSANDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1461 AQUI ESTA DRIVE PUNTA GORDA FL 33950 US	1461 AQUI ESTA DRIVE PUNTA GORDA FL 33950 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2677738 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 265 TAMIAMI TR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: PUNTA GORDA FL
24 Zip / 25 Country	29 Zip: 33950 / 30 County: Charlotte

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C/O ACCURATE ACCOUNTING 265 TAMIAMI TRAIL PUNTA GORDA FL 33950	81 Name: Joan Greene 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL / 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Joan J Greene — 4-6-95
Signature of 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	DP	11 TITLE		☐ Change ☐ Addition
NAME	STICKNEY, WALTER	12 NAME		
STREET ADDRESS	1461 AQUI ESTA DR. A-3	13 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY-ST-ZIP		
TITLE	~~VD~~	21 TITLE	Director	☒ Change ☐ Addition
NAME	FORTNEY, NICK	22 NAME	FORTNEY NICK	
STREET ADDRESS	RR #1 BOX 109A	23 STREET ADDRESS	1461 AQUI ESTA DR #A7	
CITY-ST-ZIP	CARLOCK IL	24 CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	DST	31 TITLE		☐ Change ☐ Addition
NAME	MILLER, JOHN,	32 NAME		
STREET ADDRESS	3663 BRIAR PLACE	33 STREET ADDRESS		
CITY ST ZIP	DAYTON OH 45405	34 CITY-ST ZIP		
TITLE		41 TITLE	VP Dir ANDERSON Robert	☐ Change ☒ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS	1461 AQUI ESTA DR #84	
CITY-ST-ZIP		44 CITY ST ZIP	PUNTA GORDA FL 33950	
TITLE		51 TITLE	DIR / SEC / TREAS	☐ Change ☒ Addition
NAME		52 NAME	KNAPP GLORIA	
STREET ADDRESS		53 STREET ADDRESS	2232 TINO RIO RD	
CITY-ST ZIP		54 CITY ST ZIP	SARASOTA FL 34239	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY-ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addition.

SIGNATURE: X Walter Stickney DP — 4/7/95 — 813 637-8427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

006T132