FILE NOW: FILING FEE IS $61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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	265 TAMIAMI TRAIL PUNTA GORDA FL 33950 US

3. Date Incorporated or Qualified: 06/03/1980

4. FEI Number: 59-2677738 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GREENE, JOAN
265 TAMIAMI TRAIL
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TANGUAY, GEORGE		1.2 NAME		
STREET ADDRESS	383 WEST ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLETOWN CT		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	FORTNEY, NICK		2.2 NAME		
STREET ADDRESS	1461 AQUIESTA DR #A7		2.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRAMLAGE, JACK		3.2 NAME		
STREET ADDRESS	6010 COACHSHIRE CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CENTERVILLE OH		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	ANDERSON, ROBERT		4.2 NAME		
STREET ADDRESS	1461 AQUAESTA DR #B4		4.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	PICRSON, HARRY		5.2 NAME	PIERSON HARRY	
STREET ADDRESS	3015 GUADALUDE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: [illegible] (NICK) [illegible] 3/9/98 (941) 575 9354