## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

'DOCUMENT # 752758  1. Entity Name SILVERSANDS CONDOMINIUM ASSOCIATION, INC.						~		04 90086 00:	5 ****	61.25
1461 AQUI ESTA DRIVE 26			Mailing Address 265 TAMIAMI TRAIL PUNTA GORDA, FL 33950 US			deecsure.				
2. Principal Place of Business		3	3. Mailing Address  /// Sullivan Sy							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03082004 Ch	g-NP	CR2E037 (1	0/03)	
City & State			City & State PUNTA GOR	on El	,	4. FEI Number 59-267773	 В		-	plied For
Zip	Со	untry	Zip	Country		_5Certificate_of,Sta			75 Addi	
, , = , = ,	6. Name and Ad	idress of Current Reg	33950			7. Name and Add			Required	
			, and the state of	Name		7. NEME DIG NOO		adioreran vitari	•	<u> </u>
GREENE, JOAN 265 TAMIAMI TRAIL					Address (F	(P.O. Box Number is Not Acceptable)				
PUNTA GORDA, FL 33950			•	/00 S7C			<u>57</u>			
,				City	UNTE	Gorda		FL 2	ip Code	J-0
8. The above	e named entity submit	is this statement for the	e purpose of changing its re					orida. I am famili	ar with, a	and accept
SIGNATURE	tions of registered ag	Jan See	eve				3/8/	loy		
	Signature, typed or preside	name of registered agent and to	tie if applicable. (NOTE:	Registered Agent signs	ture required	when reinstating)		DATE		<del></del> -
y.	Filing Fee is \$0 Due by May 1,	61.25	9. Election Carny Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		lake check pay		
10.	Filing Fee is \$6 Due by May 1,	61.25	9. Election Camp Trust Fund Co	paign Financing ontribution.		1	Flor	lake check pay ida Departmer	it of Sta	ste
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NAME	Filing Fee is \$1 Due by May 1,  COVRD FORTNEY, NICK	61.25 2004 DEFICERS AND DIRECT	9. Election Camp Trust Fund Co	paign Financing ontribution.  11. THILE NAME		\$5.00 May Be Added to Fees	Flor	lake check pay ida Departmer RS AND DIRECT	ORS IN	<b>ite</b> 10
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12. Hereby ceruity that the information supplied with this liking 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 this empowered.

SIGNATURE:

GRATURE AND TYPED OR PRINTED NAME OF SIGNEYS OFFICER OR DIRECTOR

941-575-1993

Daytime Phone #