2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90086 005 ****61.25

DOCUMENT # 752758

1. Entity 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

Y4026946

03082004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
	100 Sullivan St
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 112
City & State	City & State Punta Gorda Fl
Zip / Country	Zip 33950 / Country US

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREENE, JOAN 265 TAMIAMI TRAIL PUNTA GORDA, FL 33950	Name Street Address (P.O. Box Number is Not Acceptable) 100 Sullivan St Ste 112 City Punta Gorda FL Zip Code 33950

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 Jon Greene 3/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VRD FORTNEY, NICK 1461 AQUIESTA DR #A7 PUNTA GORDA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRAMLAGE, JACK 6010 COACHSHIRE CT. CENTERVILLE, OH	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jim Bennett 19 Dickinson Dr Taulton MA 02780	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BURNS, DOROTHY 1461 AQUI BETA DR 2B PUNTA GORDA, FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stephen Gannon 9498 Modesto Circle Port Charlotte Fl 33981	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Joan M Greene President 3/10/04 941-575-1993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #