2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 8:00 am Secretary of State

DOCUMENT # 752758 1. Entity Name SILVERSANDS CONDOMINIUM ASSOCIATION, INC.					-17-2008 90027		
Principal Place of Business 1461 AQUI ESTA DRIVE 100 SULLIVAN ST PUNTA GORDA, FL 33950 US STE 112 PUNTA GORDA, FL 33950 US			o us	118311116111111111	THE PART OF THE PA	III IKAN ILAN BARN BIRWIL B	
Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address	. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03082008 _{CI}	ng-NP CR2	2E037 (12/06)	
City & State		City & State		4. FEI Number 59-267773	8	Applied Not Ap	d For oplicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Addition Fee Required	nal
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Register	red Agent	
			Name	Name			
GREENE, 100 SULLI STE 112			Street Address (P.O. Box Number is Not Acceptable)				
	ORDA, FL 33950						
			City		FL Zip Code		
	named entity submits this statement to	or the purpose of changing its re	egistered office or reg	gistered agent, or both, in	the State of Florida. I	am familiar with, and	accept
SIGNATURE .							
	Signature, typed or printed name of registered agent						
	Signature, types or printed trains of registered again	and title if applicable. (NOTE: F	Registered Agent signature re	equired when reinstating)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ATE	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Col	paign Financing	\$5.00 May Be	Make c	heck payable to	l.
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Cor	paign Financing	\$5.00 May Be Added to Fees	Make c	heck payable to epartment of State	j.
10.	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor	paign Financing ntribution.	\$5.00 May Be Added to Fees	Make c	heck payable to apartment of State D DIRECTORS IN 10	Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08

Daytime Phone #