

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90185 021 ****61.25

DOCUMENT # 752758

1. Entity Name

SILVERSANDS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**1461 AQUI ESTA DRIVE
PUNTA GORDA FL 33950
US**

Mailing Address

**265 TAMIAMI TRAIL
PUNTA GORDA FL 33950
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**GREENE, JOAN
265 TAMIAMI TRAIL
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	VRD			☐ Delete					☐ Change ☐ Addition
	FORTNEY, NICK	1461 AQUIESTA DR #A7	PUNTA GORDA FL						
	PD			☐ Delete					☐ Change ☐ Addition
	BRAMLAGE, JACK	6010 COACHSHIRE CT.	CENTERVILLE OH						
	STD			☐ Delete					☐ Change ☐ Addition
	BURNS, DOROTHY	1461 AQUI BETA DR 2B	PUNTA GORDA FL 33950						
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ 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: **SIGNATURE REQUIRED**

2/28/03 (941) 5759354

CR2E037 (10/02)