

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90013 024 \*\*\*150.00

**DOCUMENT # 757136**  
 1. Entity Name  
**THE SANDEBBLE BEACH CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 4800 SANDEBBLE TRACE 4800 SANDEBBLE TRACE  
 STUART FL 34996-8481 STUART FL 34996-8481



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-2200762** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**KRIVOK, JAMES N ESQ.**  
**DICKER KRIVOK & STOLOFF, P.A.**  
**1818 AUSTRALIAN AVE., SUITE 400**  
**WEST PALM BEACH FL 33409**

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

**FILE NOW FEE IS \$61.25**  
**Due By May 1, 2008**

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**

TITLE	TD	<input type="checkbox"/> Delete
NAME	TAJ, HANNA	
STREET ADDRESS	4620 SANDEBBLE TRACE, UNIT 301	
CITY-ST-ZIP	STUART FL 34996	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRAY, SUSAN	
STREET ADDRESS	2491 NE OCEAN BLVD. #401	
CITY-ST-ZIP	STUART FL 34996	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KILMER, WILLIAM	
STREET ADDRESS	4720 SANDEBBLE TRACE #403	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOSESAN, HARRY	
STREET ADDRESS	2571 NE OCEAN BLVD. #305	
CITY-ST-ZIP	STUART FL 34996	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STRAIT, STEVE A	
STREET ADDRESS	2641 NE OCEAN BLVD. #105	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOSSILLO, JOSEPH	
STREET ADDRESS	4640 NE SANDEBBLE TRACE # 203	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARNELL, BRUCE	
STREET ADDRESS	4720 NE SANDEBBLE TRACE # 104	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, ROBERT	
STREET ADDRESS	4720 NE SANDEBBLE TRACE # 404	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Taj F. Hanna* **TAJ F. HANNA** 1/30/08 (772) 334-8621