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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 759338

1. Corporation Name

SANDY SHORES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

12924 GULF BOULEVARD
 MADEIRA BEACH FL 33708

Mailing Address

12924 GULF BOULEVARD
 MADEIRA BEACH FL 33708



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/27/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1982224

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZACUR, RICHARD A
 5200 CENTRAL AVENUE
 ST. PETERSBURG FL 33707

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MAIER, RICHARD	
STREET ADDRESS	14592 EL PASEO	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEDLEY, DAVID	
STREET ADDRESS	3810 5TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILCOX, ERNEST	
STREET ADDRESS	106 DEER PARK	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILLIE, THOMAS	
STREET ADDRESS	6216 WADE ST	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LOGAN, RICHARD	
STREET ADDRESS	12924 GULF BLVD / STE - 111	
CITY-ST-ZIP	MADEIRA BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	APRILE, JOSEPH	
STREET ADDRESS	1112 WEST RIVER DR	
CITY-ST-ZIP	TAMPA FL	

1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard McGrail	
1.3 STREET ADDRESS	143 Sumac	
1.4 CITY-ST-ZIP	Beaconsfield, Quebec CANADA H9W 1X7	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pedley, David	
2.3 STREET ADDRESS	3810 5th Avenue North	
2.4 CITY-ST-ZIP	St. Petersburg, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Aprile, Joseph	
6.3 STREET ADDRESS	1112 West River Drive	
6.4 CITY-ST-ZIP	Tampa, FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard E. Logan* SIGNATURE: *Richard E. Logan*, Secretary 4-26-99 727-392-1281
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)