

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

0061730

DOCUMENT # 759338

01-23-2001 90059 048 *****61.25

1. Entity Name

SANDY SHORES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12924 GULF BOULEVARD
 MADEIRA BEACH FL 33708

12924 GULF BOULEVARD
 MADEIRA BEACH FL 33708

702503



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1982224

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	MCGAIL, RICHARD	
STREET ADDRESS	143 SUMEC	
CITY-ST-ZIP	BEACONSFIELD, QUEBEC CA H9W- 1X7	
TITLE	VP	<input checked="" 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	P	<input checked="" type="checkbox"/> Delete
NAME	APRILE, JOSEPH	
STREET ADDRESS	1112 WEST RIVER DR	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McGrail, Richard	
STREET ADDRESS	143 Sumac	
CITY-ST-ZIP	Beaconsfield, Quebec, Can H9W-1X7	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goodson, Joseph	
STREET ADDRESS	7840 10th Ave. S	
CITY-ST-ZIP	St. Petersburg, FL. 33707	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Silcox, Ernest	
STREET ADDRESS	106 Deer Park	
CITY-ST-ZIP	Tampa, FL	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gillie, Thomas	
STREET ADDRESS	6216 Wade St.	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Logan, Richard	
STREET ADDRESS	12924 Gulf Blvd. #111	
CITY-ST-ZIP	Madeira Beach, FL. 33708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wojcik, Norbert	
STREET ADDRESS	411 Redwoods Lane	
CITY-ST-ZIP	Shauberg, IL. 60193	

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: *Richard E. Logan* **RICHARD E. LOGAN** 1/12/01 727-392-1281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)