


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90033 045 \*\*\*\*61.25

**DOCUMENT # 759338**

1. Entity 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

39042000



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03312004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-1982224**

Applied For  
 Not Applicable

City & State

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. 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

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

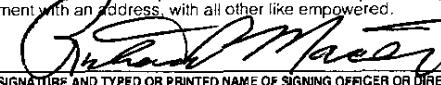
**10. OFFICERS AND DIRECTORS**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GOODSON, JOSEPH	
STREET ADDRESS	7840 10TH AVENUE S.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MAIER, RICHARD	
STREET ADDRESS	12924 GULF BLVD.	
CITY-ST-ZIP	MADEIRA BEACH, FL 33708	
TITLE	VP	<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	D	<input checked="" type="checkbox"/> Delete
NAME	LOGAN, RICHARD	
STREET ADDRESS	40 PINDO PALM	
CITY-ST-ZIP	LARGO, FL 33776	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZIEGENFELDER, MARJORIE	
STREET ADDRESS	50709 HARBOUR VIEW DR.	
CITY-ST-ZIP	NEW BALTIMORE, MI 48047	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODSON, JOSEPH	
STREET ADDRESS	7840 10th AVE S	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, JACK	
STREET ADDRESS	28910 WALKER DR.	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544	
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 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 MAIER** 3/31/04 727-392-1281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

SANDY SHORES CONDOMINIUM ASSOCIATION, INC.  
DOCUMENT # 759338

ATTACHMENT

11.

TITLE

D

✓ ADDITION

NAME

WOJCIK, NORBERT

STREET ADDRESS

411 REDWOODS LANE

CITY-ST-ZIP

SHAUMBERG, IL. 60193