


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90467 026 \*\*\*\*61.25

<b>DOCUMENT # 759338</b>					
1. Entity Name <b>SANDY SHORES CONDOMINIUM ASSOCIATION, INC.</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1982224</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ZACUR, RICHARD A</b> <b>5200 CENTRAL AVENUE</b> <b>ST. PETERSBURG, FL 33707</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODSON, JOSEPH		NAME	CUPOLI, BARRY	
STREET ADDRESS	7840 10TH AVENUE S.		STREET ADDRESS	8 GREENDELL RD.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP	NEWTON, N.J. 07860	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAIER, RICHARD		NAME	WOJCIK, NORBERT	
STREET ADDRESS	12924 GULF BLVD.		STREET ADDRESS	411 REDWOOD'S LANE	
CITY-ST-ZIP	MADEIRA BEACH, FL 33708		CITY-ST-ZIP	SHARMBURG, ILL. 60143	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILCOX, ERNEST		NAME	SILCOX, ERNEST	
STREET ADDRESS	106 DEER PARK		STREET ADDRESS	4719 CORSAGE DRIVE	
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP	LUTZ, FL 33558	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLIE, THOMAS		NAME	PISTORINO, MICHAEL	
STREET ADDRESS	6216 WADE ST		STREET ADDRESS	11630 GREENSLEEVE AVE.	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, JACK		NAME	PEREZ, JACK	
STREET ADDRESS	28910 WALKER DR.		STREET ADDRESS	28910 WALKER DR.	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544		CITY-ST-ZIP	WESLEY CHAPEL, FL 33544	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEGENFELDER, MARJORIE		NAME	ZIEGENFELDER, MARJORIE	
STREET ADDRESS	50709 HARBOUR VIEW DR.		STREET ADDRESS	50709 HARBOUR VIEW DR.	
CITY-ST-ZIP	NEW BALTIMORE, MI 48047		CITY-ST-ZIP	NEW BALTIMORE, MI 48047	
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: <i>Richard Maier</i> RICHARD MAIER				Date: 4/27/05 (727)392-1281	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	