


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 08:00 A
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



07312007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1982224	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent ROBERT L. TANKEL, P.A. 1022 MAIN ST DUNEDIN, FL 34698
--

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

U00000771718
 08/08/07-80005-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUPOLI, BARRY 8 GREENDELL RD NEWTON, NJ 07860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROTHMAN, STEVEN 12924 GULF BLVD. MADEIRA BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KILGO, ROBERT 12924 GULF BLVD. MADEIRA BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCGOWAN, CRYSTAL 12924 GULF BLVD. MADEIRA BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MORSE, JOHN 12924 GULF BLVD. MADEIRA BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARBE, DONALD 12924 GULF BLVD. MADEIRA BEACH, FL 33708

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: John S. Morse *John S. Morse* ^{Director} 2-6-07 813 286-4200

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