


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90006 024 ****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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 04112008 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-1982224 | |
| | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| ROBERT L. TANKEL, P.A. 1022 MAIN ST DUNEDIN, FL 34698 | | | | 7. Name and Address of New Registered Agent | |
| | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D | <input type="checkbox"/> Delete | TITLE | DVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CUPOLI, BARRY | | NAME | Cupoli, Barry | |
| STREET ADDRESS | 8 GREENDELL RD | | STREET ADDRESS | 8 Green dell Rd. | |
| CITY-ST-ZIP | NEWTON, NJ 07860 | | CITY-ST-ZIP | Newton, NJ 07860 | |
| TITLE | DP | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROTHMAN, STEVEN | | NAME | Robert Ziegenfelder | |
| STREET ADDRESS | 12924 GULF BLVD. | | STREET ADDRESS | 50709 Harborview Dr | |
| CITY-ST-ZIP | MADEIRA BEACH, FL 33708 | | CITY-ST-ZIP | New Baltimore, MI. 48047 | |
| TITLE | DVP | <input type="checkbox"/> Delete | TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KILGO, ROBERT | | NAME | Kilgo Robert | |
| STREET ADDRESS | 12924 GULF BLVD. | | STREET ADDRESS | 12924 GULF BLVD | |
| CITY-ST-ZIP | MADEIRA BEACH, FL 33708 | | CITY-ST-ZIP | MADEIRA Beach, FL. 33708 | |
| TITLE | DS | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MCGOWAN, CRYSTAL | | NAME | Gary Ferracane | |
| STREET ADDRESS | 12924 GULF BLVD. | | STREET ADDRESS | 12924 GULF BLVD | |
| CITY-ST-ZIP | MADEIRA BEACH, FL 33708 | | CITY-ST-ZIP | MADEIRA Beach, FL. 33708 | |
| TITLE | DT | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORSE, JOHN | | NAME | | |
| STREET ADDRESS | 12924 GULF BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MADEIRA BEACH, FL 33708 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARBE, DONALD | | NAME | | |
| STREET ADDRESS | 12924 GULF BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MADEIRA BEACH, FL 33708 | | CITY-ST-ZIP | | |
| 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: <u>John S. Morse</u> | | | 5-7-08 | | (813) 451-8184 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |