2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 759338**

SANDY S	SHORES CONDOMINIUM AS:	SOCIATION, INC.		03-28-2003 90056	5 038 ****61.25	
Principal Place of Business 12924 GULF BOULEVARD MADEIRA BEACH FL 33708		Mailing Address 12924 GULF BOULEVARD MADEIRA BEACH FL 33708			. •	
2. Principal F	Place of Business	3. Mailing Address	 .			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAK	ING CHANGES	
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	1	7. Name and Address of New Registers		
<u></u>		Troffigure Affects	Name	Halle and Address of Herr Hegister		
ZACUR, RICHARD A 5200 CENTRAL AVENUE				Street Address (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 33707			<u> </u>			
SI. FLIC	LHODONG I E 35/0/		City		Zip Code	
- TI (<u> </u>			
	e named entity submits this statement fi tions of registered agent.	or the purpose of changing	its registered office or regi	stered agent, or both, in the State of Florida. 1	am tamiliar with, and accept	
	3					
CIONIATUDE	<u> </u>					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (N	OTE: Registered Agent signature req	uired when reinstating) DAT	E	
<u> </u>	range state and a second					
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Cor			ampaign Financing		eck Payable to partment of State	
1		n doc r dine		Added to rees Florida Dep	difficility of State	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 10	
TITLE	D	Delete	TITLE PR	PESIDENT	☐ Change X Addition	
NAME *	MCGAIL, RICHARD	201010	100 To	SEPH GOODSON	- · · · /	
STREET ADDRESS	2969 FAIRLEA CIR # 801		STREET ADDRESS 78	40 10th AVENUE S.		
CITY-ST-ZIP	OTTAWA ONTARIO CA KIV- 9N2	2	CITY-ST-ZIP	- PETERSBURG, FI. 33	3767	
TITLE	D	Delete	TITLE SP	CRETARY-TREASURER	Change Addition	
NAME	MCGOWAN, CRYSTAL	Delete				
STREET ADDRESS	12924 GULF BLVD # 108		ATTECT ADDRESS [[]	ALED CIZHLAGO	_ change A	
CITY-ST-ZIP			STREET ADDRESS 1 2	AIER KICHARD	_ commigo	
	l .		STREET ADDRESS (A	AIER RICHARD 924 BULF BLVP ADEIRA BEACH FL 337/	•	
	MADEIRA BEACH FL 33708	□ Doleto	CITY-ST-ZIP M	ADEIRA BEACH, Fl. 3:370	08	
	MADEIRA BEACH FL 33708	☐ Delete	TITLE TITLE	ADEIRA BEACH, EL 3'370 CE PRESIDENT	•	
TITLE NAME STREET ADDRESS	MADEIRA BEACH FL.33708 D SILCOX, ERNEST	☐ Delete	TITLE VI	ADEIR <u>A BEACH, EI 3 370</u> CE PRESIDENT LGOY, ERNEST	38	
name Street address	MADEIRA BEACH FL 33708 D SILCOX, ERNEST 106 DEER PARK	☐ Delete	TITLE NAME STREET ADDRESS	ADEIRA BEACH, EL 3'370 CÉ PRESIDENT L'GOX, ERNEST 6 DEER PARK	08	
NAME STREET ADDRESS CITY-ST-ZIP	MADEIRA BEACH FL 33708 D SILCOX, ERNEST 106 DEER PARK TAMPA FL		TITLE VI NAME STREET ADDRESS CITY-ST-ZIP	ADEIRA BEACH, EL 3370 CE PRESIDENT LGOY, ERNEST G DEER PARK MPA, FI	Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	MADEIRA BEACH FL 33708 D SILCOX, ERNEST 106 DEER PARK TAMPA FL D	☐ Delete	CITY-ST-ZIP M TITLE VI NAME STREET ADDRESS (O CITY-ST-ZIP TA	ADEIRA BEACH, FI. 3.370 CE PRESIDENT LGOX, ERNEST 6 DEER PARK MPA, FI.	08	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MADEIRA BEACH FL 33708 D SILCOX, ERNEST 106 DEER PARK TAMPA FL D GILLIE, THOMAS		TITLE SI STREET ADDRESS COLTY-ST-ZIP TITLE NAME NAME AND TITLE NAME	ADEIRA BEACH, FI. 3.370 CE PRESIDENT LGOY, ERNEST G DEER PARK MPA, FI. RECTOR TCIK, NORBERT	Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MADEIRA BEACH FL 33708 D SILCOX, ERNEST 106 DEER PARK TAMPA FL D GILLIE, THOMAS 6216 WADE ST		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS WAS	ADEIRA BEACH, EL 3'370 CE PRESIDENT LGOY, ERNEST G DEER PARK MPA, FI RECTOR TCIK, NORBERT PEDWOODS LA	Change Addition	
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NEW BALTIMORE, MF. 48047 TAMPA FL 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.

CITY-ST-ZIP

TITLE

DIRECTOR

NAME ZIEGENFELDER, MARTORIE
STREET ADDRESS 50709 HARBOUR VIEW DA

SIGNATURE:

APRILE, JOSEPH

1112 WEST RIVER DR

NAME

STREET ADDRESS

Delete

3/24/03

727,392,1281

☐ Change

FILED

Secretary of State

Mar 28, 2003 8:00 am