

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90039 039 ****61.25

DOCUMENT # 766934

1. Entity Name

SAND DOLLAR III, INC.



Principal Place of Business

8050 SOUTH A1A
SAINT AUGUSTINE FL 32080

Mailing Address

8050 SOUTH A1A
SAINT AUGUSTINE FL 32080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2269575

Applied For

Not Applicable

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

~~BROWN, RONALD W~~
66 CUNA STREET
SUITE A
SAINT AUGUSTINE FL 32084

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	S	<input type="checkbox"/> Delete
NAME	NEVILLE, JOAN	
STREET ADDRESS	6210 RIVERCLIFF DR NW	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUSSEY, GINNY	
STREET ADDRESS	8250 A1A SOUTH 3-108	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	T	<input type="checkbox"/> Delete
NAME	KRAFT, STEVE	
STREET ADDRESS	8816 SW 42ND PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, DOROTHY	
STREET ADDRESS	2430 NW 73RD PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GENNUSA, MARTIN	
STREET ADDRESS	10 STEVENS DR	
CITY-ST-ZIP	HOLMDEL NJ 07733	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PENNY MARSON UPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8050 A1A South 3-106	
STREET ADDRESS	ST AUGUSTINE, FL 32080	
CITY-ST-ZIP		
TITLE	JOHN HREBECH T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8050 A1A South 3-504	
STREET ADDRESS	ST AUGUSTINE, FL 32080	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John C. Hussey TO ANN C. Hussey

4/8/05 9044615641