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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:44

DOCUMENT # N09217 (3)

1. Corporation Name

SAND DOLLAR CONDOMINIUM ASSOCIATION OF SOUTH MEL BOURNE BEACH, INC.

Principal Place of Business	Mailing Address
10330 SW 103 CT. MIAMI FL 33176 US	10330 SW 103 CT. MIAMI FL 33176 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1985
3a. Date of Last Report: 06/15/1994
4. FEI Number: 59-2775685 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business: 4205 S. A1A	26 2a. Mailing Address
22 Suite, Apt. #, etc.: UNIT B	27 Suite, Apt. #, etc.
23 City & State: MELBOURNE BEACH FL	28 City & State
24 Zip: 32951	25 Country: USA
29 Zip	30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOFFRE, JOHN A
10330 SW 103 COURT
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: JOHN A. JOFFRE — 1-29-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CROW, MARTIN	1.2 NAME	
STREET ADDRESS	21 CHICORY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN CARLOS CA 94070	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	JOFFRE, JOHN	2.2 NAME	
STREET ADDRESS	10330 SW 103 CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SIRES, ROBERT	3.2 NAME	
STREET ADDRESS	1000 N.W. N. RIVER DR., #112	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, RON	4.2 NAME	
STREET ADDRESS	4205 S. A1A, UNIT C	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BARFIELD, MICHAEL	5.2 NAME	
STREET ADDRESS	4205 S. A1A, UNIT C	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL DELETE	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN A. JOFFRE — 1-29-95 — 305-358-3161
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074844