

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90059 045 ****61.25



DOCUMENT # N94000003642			
1. Entity Name STERLING SANDS CONDOMINIUM OWNERS ASSOCIATION, INC.			
Principal Place of Business 1080 HWY 98 E DESTIN FL 32541		Mailing Address 1080 HWY 98 E DESTIN FL 32541	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3312374		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HALL, STEVE 1234 AIRPORT RD STE 205 DESTIN FL 32541		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 _____
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, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PTD ACKERMAN, JANICE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1260 UPLAND AVENUE	NAME	
STREET ADDRESS	FT WRIGHT KY 41011	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D PETERSON, GARY <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1413 CUSTIS COURT	NAME	Peterson, Gary
STREET ADDRESS	ATLANTA GA 30338	STREET ADDRESS	872 Saints Drive
CITY-ST-ZIP		CITY-ST-ZIP	Marietta GA 30068
TITLE	SD ROUSSEAU, CHESTER <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1080 HW 98 EAST #502	NAME	Rousseau, Chester
STREET ADDRESS	DESTIN FL 32541	STREET ADDRESS	1612 Fairview Ave.
CITY-ST-ZIP		CITY-ST-ZIP	Monroe LA 71201
TITLE	D JENKINS, SUZANN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1517 RIDGEMASTER DR	NAME	
STREET ADDRESS	STATE COLLEGE PA 16803	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD KALEN, ROY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1080 HWY 98 EAST #710	NAME	
STREET ADDRESS	DESTIN FL 32541	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Janice P. Ackerman Pres **JANICE P. ACKERMAN** 1-29-04 850-650-1183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #