


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

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

04-13-2005 90037 012 ****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. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
HALL, STEVE
1234 AIRPORT RD
STE 205
DESTIN FL 32541

4. FEI Number: 59-3312374 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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: PTD NAME: ACKERMAN, JANICE STREET ADDRESS: 1260 UPLAND AVENUE CITY-ST-ZIP: FT WRIGHT KY 41011	<input type="checkbox"/> Delete
TITLE: D NAME: PETERSON, GARY STREET ADDRESS: 872 SAINTS DR CITY-ST-ZIP: MARIETTA GA 30068	<input type="checkbox"/> Delete
TITLE: SD NAME: ROUSSEAU, CHESTER STREET ADDRESS: 1612 FAIRVIEW AVE CITY-ST-ZIP: MONROE LA 71201	<input type="checkbox"/> Delete
TITLE: D NAME: JENKINS, SUZANN STREET ADDRESS: 1517 RIDGEMASTER DR CITY-ST-ZIP: STATE COLLEGE PA 16803	<input type="checkbox"/> Delete
TITLE: VD NAME: KALEN, ROY STREET ADDRESS: 1080 HWY 98 EAST #710 CITY-ST-ZIP: DESTIN FL 32541	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: Pete Miller STREET ADDRESS: 109 West Ruelle Drive CITY-ST-ZIP: Mandeville LA 70471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 3/31/05 (850) 837-9444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #