2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007
Secretary of State

DOCUMENT# 713183

Entity Name: SILVER SANDS CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 2365
NEW SMYRNA BEACH, FL 32170

New Principal Place of Business:

5 PALM DRIVE
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

P O BOX 2365
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 59-2097657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MURPHY, KATHLEEN
4448 SAXON DR
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SCHOCH, JIM	
Address:	SOUTH ATLANTIC AVE	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	D	( ) Delete
Name:	NETTLES, CHERYL	
Address:	30 OAK TREE	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	D	( ) Delete
Name:	WATERS, JOANNE	
Address:	4623 KATY	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	D	( ) Delete
Name:	LATLAMME, BEVERLY	
Address:	4615 SOUTH ATLANTIC AVE	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	D	( ) Delete
Name:	LARICHINTA, MICKEY	
Address:	4506 KATY	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	S	( ) Delete
Name:	MURPHY, KATHLEEN	
Address:	4448 SAXON DR	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	SANDERS, WILLIAM	
Address:	4615 KATHY DRIVE	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	BLANZENSKI, MARSHA	
Address:	4643 SOUTH ATLANTIC AVE	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA BLANZENSKI T 07/19/2007

Electronic Signature of Signing Officer or Director — Date