

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

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90052 030 ****61.25

DOCUMENT # 721506

1. Entity Name

SANDY WAVES, INC.



Principal Place of Business

3600 OCEAN BEACH BLVD.
COCOA BEACH FL 32931
US

Mailing Address

200 NORTH FIRST ST
COCOA BEACH FL 32931
US

30014271



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2261279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARYANN SMITH
104 W. ALACHUA LN.
#706
COCOA-BCH-FL-32931

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, 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 D ☐ Delete
NAME MARYANN SMITH
STREET ADDRESS 104 W. ALACHUA LN.
CITY-ST-ZIP COCOA BCH. FL 32931

TITLE DST ☐ Delete
NAME WILLIAM DUNWORTH
STREET ADDRESS 23 WILLIAM AVE.
CITY-ST-ZIP APOPKA FL 32712

TITLE D ☒ Delete
NAME HOWLBORG, MARTHA
STREET ADDRESS 3600 OCEAN BEACH BLVD
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE DP ☐ Delete
NAME GUY, CALABRESE
STREET ADDRESS 3600 OCEAN BEACH BLVD
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE V ☒ Delete
NAME KABBOORD, DAVID
STREET ADDRESS 3001 N ATLANTIC AVE
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVP ☐ Change ☒ Addition
NAME Connie Zinger
STREET ADDRESS 790 Hampton Way
CITY-ST-ZIP Merritt Island FL 32953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Maryann Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #