2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State
04-05-2006 90155 012 ****61.25

DOCUMENT # 737015

1. Entity Name

CONDOMINIUM OWNERS ASSOCIATION OF SAND CAY, INC.

Principal Place of Business	Mailing Address
4725 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228	4725 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1692143 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, EDWARD A 4119 W 61 AVE SUITE #407C BRADENTON FL 34210	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, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CARROLL, PATRICIA 1046 GRISSON DR PALATINE IL	☐ Delete	D HELEN KIDD N 84 W 18049 LAWRENCE AVE MENOMONEE FALLS, WI 53051	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAMMANN, CLARA S 752 FRANKLIN AVE RIVER FOREST IL 60305	☐ Delete	D FRANK SANFILIPPO 99 BOULDER BROOK DR STAMFORD, CT 06903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GENT-HOLLAND, CHERYLE 476 RATTRAY PARK DRIVE MISSISSAUGA, ONT, CAN L55-2-1	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FISHER, ROBERT 1514 RUSH LANE ORANGE PARK FL 32003	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAYTON, COLLEEN 7020 COMMERCE RD. W. BLOOMFIELD MI 48324	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIMARIO, JOSEPH 736 15TH STREET OAKMONT PA	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ EDWARD A. MILLER 3-30-06 (941)383-5844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Executive Director's Phone #