

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 CONDÓMINIUM OWNERS ASSOCIATION OF SAND CAY, INC.				
Principal Place of Business 4725 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228		Mailing Address 4725 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



1st MOORE CR2E037 (10/05)

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 MILLER, EDWARD A 4119 W 61 AVE SUITE #407C BRADENTON FL 34210		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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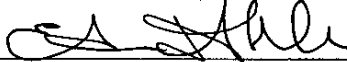
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition D HELEN KIDD N 84 W 18049 LAWRENCE AVE MENOMONEE FALLS, WI 53051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAMMANN, CLARA S 752 FRANKLIN AVE RIVER FOREST IL 60305 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition D FRANK SANFILIPPO 99 BOULDER BROOK DR STAMFORD, CT 06903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GENT-HOLLAND, CHERYLE 476 RATTRAY PARK DRIVE MISSISSAUGA, ONT, CAN L5S-2-1 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FISHER, ROBERT 1514 RUSH LANE ORANGE PARK FL 32003 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAYTON, COLLEEN 7020 COMMERCE RD. W. BLOOMFIELD MI 48324 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIMARIO, JOSEPH 736 15TH STREET OAKMONT PA ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 19, 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**