2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State
01-24-2007 90045 035 ****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

01162007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. SAME	Suite, Apt. #, etc. SAME
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 JUDY C. PAUL Street Address (P.O. Box Number is Not Acceptable) 4725 GULF OF MEXICO DR OFFICE City LONGBOAT KEY FL Zip Code 34228

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

Filing Fee is $61.25
Due by May 1, 2007

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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	→ DIR.	☒ Change ☐ Addition
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	→ VP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GENT-HOLLAND, CHERYLE 476 RATTRAY PARK DRIVE MISSISSAUGA, ONT, CAN, L55-21	☐ 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	→ DIR.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIDD, HELEN N 84W 1804D LAWRENCE AVE MENOMONEE FALLS, WI 53051	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHIRLEY MANNING 4725 GULF OF MEXICO DR #313 LONGBOAT KEY, FL 34228	☐ 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 Chapter 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: Shirley Manning JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #