


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90395 036 \*\*\*\*61.25

**DOCUMENT # 740072**

1. Entity Name  
**THE SANDDOLLAR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 1785 MIDDLE GULF DR  
 SANIBEL, FL 33957

Mailing Address  
 PO BOX 100  
 SANIBEL, FL 33957

40087033



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01172008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
**MACKESY, STEVEN**  
**711 TARPON BAY RD**  
**SANIBEL, FL 33957**

4. FEI Number  
**59-1897068**

Applied For  
 Not Applicable

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

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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	PD	<input type="checkbox"/> Delete
NAME	GOULD, ROBERT	
STREET ADDRESS	8802 LAKE JANE TRAIL	
CITY - ST - ZIP	LAKE ELMO, MN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PETERSON, WILLIARD	
STREET ADDRESS	501 FOREST #404	
CITY - ST - ZIP	GLEN ELLYN, IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, RICHARD	
STREET ADDRESS	310 GLENDALE	
CITY - ST - ZIP	HINSDALE, IL 60521	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICKIE, BRUCE	
STREET ADDRESS	349 BACKBAY	
CITY - ST - ZIP	VIRGINIA BEACH, VA 23456	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SZPINDOWSKI, JEROME	
STREET ADDRESS	8513 CADILLAC CIR	
CITY - ST - ZIP	GROSSE ILE, MI 48138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:**  **4/24/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #