

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740072

FILED
Feb 26, 2009
Secretary of State

Entity Name: THE SANDDOLLAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1785 MIDDLE GULF DR
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

PO BOX 100
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 59-1897068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKESY, STEVEN
711 TARPON BAY RD
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOULD, ROBERT,
Address: 8802 LAKE JANE TRAIL
City-St-Zip: LAKE ELMO, MN

Title: VD () Delete
Name: PETERSON, WILLIARD,
Address: 501 FOREST #404
City-St-Zip: GLEN ELLYN, IL

Title: D () Delete
Name: MILLE, RICHARD
Address: 310 GLENDALE
City-St-Zip: HINSDALE, IL 60521

Title: D () Delete
Name: MICKIE, BRUCE
Address: 349 BACKBAY
City-St-Zip: VIRGINIA BEACH, VA 23456

Title: SD () Delete
Name: SZPINDOWSKI, JEROME
Address: 8513 CADILLAC CIR
City-St-Zip: GROSSE ILE, MI 48138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GOULD

PD

02/26/2009

Electronic Signature of Signing Officer or Director

Date