
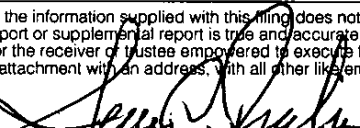


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90211 031 ****61.25

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # 744501 | | | |  | |
| 1. Entity Name SAND DOLLAR SHORES CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 7420 S. OCEAN DR. C115 JENSEN BEACH, FL 34957-2036 US | | | Mailing Address 7420 S. OCEAN DR C115 JENSEN BEACH, FL 34957-2036 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2162318 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CORNETT, JANE 401 E OSCEOLA ST. FIRST FLOOR RIVER OAK CENTER STUART, FL 34994 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | State 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 _____ (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. <input type="checkbox"/> | | \$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 | VPD BRADY, JAMES 7420 S. OCEAN DR. #C-313 JENSEN BEACH, FL 34957 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD BROWN, PHYLLIS 7400 S OCEAN DR, E-502 JENSEN BEACH, FL | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BUGAY, NORMAN 7410 S. OCEAN DR. #D-810 JENSEN BEACH, FL 34957 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD PASSETT, ROBERT 7440 S OCEAN DRIVE # E 203 JENSEN BEACH, FL 34957 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD FISCHER, LEWIS 7420 S OCEAN DR, #C-711 JENSEN BEACH, FL 34957 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DEGAEN, PETER 7420 S. OCEAN DR. #C-616 JENSEN BEACH, FL 34957 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD WYNCOLL, JOHN 7430 S. OCEAN DR. B817 JENSEN BEACH - FL 34957 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD HASSETT, ROBERT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Degen, Peter | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:  LEWIS C. FISCHER 2-28-08 (772) 279-5352 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

SAND DOLLAR SHORES

744501

ATTACHMENT

40037544

~~#744501~~

ADDITION

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SAMULSKI, JOHN

7400 S. OCEAN DR. E 303

DENSEN BEACH - FL 34957