2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2006 8:00 am **Secretary of State DOCUMENT # 750510** 1. Entity Name 02-17-2006 90074 019 ****61.25 THE SANDPRINT CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3610 OÇEAN BEACH BLVD 3610 OCEAN BEACH BLVD COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 50-2056631 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIGERMAN, MARILYN Street Address (P.O. Box Number is Not Acceptable) 200 NORTH FIRST STREET COCOA BEACH FL 32931 City 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 Signalure, typed or priviled name of registered agent ann title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SD TITLE ☐ Defete TATES Change Addition WHARTON, JOYCE NAME NAME Ferrell Ard 3610 Ocean Beach Bowlevard 830 KERRY DOWNS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32940 CITY-ST-ZIP Cocoa Beach Delete TITLE TITLE Change Addition BECKER, JO NAM NAME 3610 OCEAN BCH BLVD, #1028 STREET ADDRESS STREET ADDRESS COCOA BEACH FL CITY-ST-ZIF CITY-ST-ZIP TITLE Delete Change Addition CORSETT, ELEANOR NAME STREET ADDRESS 3610 OCEAN BEACH BLVD STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-7IP CITY-ST-ZIP THIE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition

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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:__

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR I

Joyce Wharton

2-6-06

FILED

Daytime Phone #