

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751046** (4)

1. Corporation Name

**SANDY SHORES CONDOMINIUM ASSOCIATION OF DAYTONA  
BEACH SHORES, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**3159 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118**

**3159 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118-6223**



3. Date Incorporated or Qualified **02/14/1980** 3a. Date of Last Report **04/08/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2264752</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ISAAC, RONALD H.  
3159 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISAAC, RONALD H.</b>	1.2 NAME	
STREET ADDRESS	<b>3159 S. ATLANTIC AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BCH SHS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLONEKER, DONALD</b>	2.2 NAME	
STREET ADDRESS	<b>3159 S. ATLANTIC AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BCH SHRS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHEELER, RALPH N</b>	3.2 NAME	<b>Ward, James E.</b>
STREET ADDRESS	<b>3159 S ATLANTIC AVE</b>	3.3 STREET ADDRESS	<b>3159 S. Atlantic Ave.</b>
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL</b>	3.4 CITY-ST-ZIP	<b>Daytona Beach Shores, FL</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULDER, ROBERT V.</b>	4.2 NAME	<b>Wheeler, Ralph N.</b>
STREET ADDRESS	<b>3159 S. ATLANTIC AVE.</b>	4.3 STREET ADDRESS	<b>3159 S. Atlantic Ave.</b>
CITY-ST-ZIP	<b>DAYTONA BCH SHRS FL</b>	4.4 CITY-ST-ZIP	<b>Daytona Beach Shores, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAYMAN, BUDDY</b>	5.2 NAME	
STREET ADDRESS	<b>3159 S. ATLANTIC AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*

*[Signature]*

*[Signature]*

CR2E037 (9/96)