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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90015 022 \*\*\*\*61.25

**DOCUMENT # 751046**

1. Corporation Name

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

Principal Place of Business

3159 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118

Mailing Address

3159 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/14/1980

4. FEI Number

59-2264752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

I, the undersigned, being the duly authorized officer or director of the corporation, certify that 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ISAAC, RONALD H.  
STREET ADDRESS 3159 S. ATLANTIC AVE.  
CITY-ST-ZIP DAYTONA BCH SHS FL

TITLE VD ☐ DELETE

NAME SLONEKER, DONALD  
STREET ADDRESS 3159 S. ATLANTIC AVE.  
CITY-ST-ZIP DAYTONA BCH SHRS FL

TITLE DS ☒ DELETE

NAME WARD, JAMES E.  
STREET ADDRESS 3159 S. ATLANTIC AVE.  
CITY-ST-ZIP DAYTONA BEACH SHORES FL

TITLE TD ☐ DELETE

NAME WHEELER, RALPH N.  
STREET ADDRESS 3159 S. ATLANTIC AVE.  
CITY-ST-ZIP DAYTONA BCH SHRS FL

TITLE D ☐ DELETE

NAME LAYMAN, BUDDY  
STREET ADDRESS 3159 S. ATLANTIC AVE.  
CITY-ST-ZIP DAYTONA BEACH SHORES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DS  
GORE, ALICE  
3159 S. ATLANTIC AVE.  
DAYTONA BEACH SHORES, FL

14. I 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 with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RALPH N. WHEELER 4/5/99 904/767-7631**

Date

Daytime Phone #

CR2E037 (1/1/98)

0002149