

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751046

1. Entity Name

SANDY SHORES CONDOMINIUM ASSOCIATION OF DAYTONA

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2264752

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *WHEELER, RALPH N.*

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

3159 S. ATLANTIC AVE

City *SANDY DAYTONA BCH SHORES FL*

Zip Code

32118

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-11-01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

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

TITLE DS
NAME GORE, ALICE
STREET ADDRESS 3159 S. ATLANTIC AVE.
CITY-ST-ZIP DAYTONA BEACH SHORES FL ☐ Delete

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

TITLE D
NAME THOMPSON, ADRIAN
STREET ADDRESS 3159 S ATLANTIC AVE
CITY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WHEELER, RALPH N.
STREET ADDRESS 3159 S. ATLANTIC AVE.
CITY-ST-ZIP DAYTONA BCH SHRS FL ☒ Change ☐ Addition

TITLE VD
NAME THOMPSON, ADRIAN
STREET ADDRESS 3159 S. ATLANTIC AVE
CITY-ST-ZIP DAYTONA BCH SHRS FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME HETRICK, SHIREEN
STREET ADDRESS 3159 S. ATLANTIC AVE
CITY-ST-ZIP DAYTONA BCH SHRS FL ☐ Change ☒ Addition

TITLE D
NAME SLONEKER, DONALD
STREET ADDRESS 3159 S. ATLANTIC AVE
CITY-ST-ZIP DAYTONA BCH SHRS FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

SIGNATURE REQUIRED

5-11-01

Date

Daytime Phone #

658028



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)