

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751046

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2264752

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHEELER, RALPH N
3159 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

Name **RALPH N. WHEELER**

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

3159 S. ATLANTIC AVE

DAYTONA BCH SHORES - FL

City

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

TITLE ☒ Delete
NAME D
STREET ADDRESS SLONEKER, DONALD
CITY-ST-ZIP 3159 S ATLANTIC AVE
DAYTONA BEACH FL 32118

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS SHARRON WARD
CITY-ST-ZIP 3159 S. ATLANTIC AVE
DAYTONA BCH SHRS-FL-32118

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH N. WHEELER

Date

1/22/02

Daytime Phone #

CR2E037 (9/01)