

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

08-11-2006 90001 021 \*\*\*\*61.25

**DOCUMENT # 751046**

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



Principal Place of Business  
**5910 TRAILWOOD DRIVE  
PORT ORANGE, FL 32127**

Mailing Address  
**5910 TRAILWOOD DRIVE  
PORT ORANGE, FL 32127**

**50024980**



2. Principal Place of Business

3. Mailing Address

08032006 Chg-NP CR2E037 (4/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**WARD, SHARRON MRS.  
5910 TRAILWOOD DRIVE  
PORT ORANGE, FL 32127**

Name  
**BURNS, CATHIE**

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

**455 MERRIMAC DRIVE**

City **PORT ORANGE** **FL** Zip Code **32127**

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 *Catherine J. Burns*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Director*  
DATE **8/7/06**

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P,D  
WARD, SHARRON  
5910 TRAILWOOD DRIVE  
PORT ORANGE, FL 32127** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T,D  
BURNS, CATHIE  
455 MERRIMAC DRIVE  
PORT ORANGE, FL 32127** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S,D  
GORE, ALICE  
3912 ROSE PETAL LANE  
ORLANDO, FL 32808** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP,D  
TATE, WAYNE  
3720 S. LAKE ORLANDO PARKWAY  
ORLANDO, FL 32808** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
THOMPSON, ADRIAN  
6 DORADO BEACH ROAD  
ORMOND BEACH, FL 32174** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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 exemptions contained in Chapter 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 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

*Catherine J. Burns*