

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

02-01-2005 90020 028 ****61.25

DOCUMENT # 751975	
1. Entity Name SAND AND SEA CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business 2505 TAMARIND DRIVE C FT. PIERCE, FL 33449	Mailing Address 2505 TAMARIND DRIVE C FT. PIERCE, FL 33449
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66003167



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01242005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2034519	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FERRIS, ANITA J 5402 PALEO PINES CIRCLE FT PIERCE, FL 34951		Name <u>Lorraine Munroe</u> Street Address (P.O. Box Number is Not Acceptable) <u>2505 Tamarind Dr #C</u> City <u>FT. PIERCE</u> FL Zip Code <u>34949</u>	

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 <u>Lorraine Munroe</u>	DATE <u>1-29-05</u>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KEYES, JAMES PO BOX 27 HENDERSON HARBOR, NY 13651 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KEYES, JOAN PO BOX 27 HENDERSON HARBOR, NY 13651 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MUNROE, LORRAINE 2505 TAMATINO DR APT C FT. PIERCE, FL 34949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Joan Keyes</u>	Date <u>1/29/05</u> Daytime Phone # <u>315-938-5373</u>
Signature and typed or printed name of signing officer or director	

ATTACHMENT

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2/1/2005-90020-028-\$61.25-\$61.25

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Country		Country		4. FEI Number 59-2034519	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FERRIS, ANITA J 5402 PALEO PINES CIRCLE FT PIERCE, FL 34951				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
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Make check payable to Florida Department of State					
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SIGNATURE: <i>James Keyes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2/28/05 315-938-5373 <small>Date Daytime Phone</small>	

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