## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 751975  1. Entity Name SAND AND SEA CONDOMINIUM ASSOCIATION, INC.						02-01-200	5 90020 028 ****	61.25	
Principal Place 2505 TAMAN	ce of Business RIND DRIVE	Mailing Address 2505 TAMARIND DRIVE	t		(	660031	67		
C FT. PIERCE, FL 33449		C FT. PIERCE, FL 33449	C FT. Pierce, FL 33449		)				
2. Principal Place of Business		3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242005	hg-NP	CR2E037 (10/03)		
City & Stat	te	City & State			4. FEI Number 59-20345	19	<del></del>		
Zip	Country	Zip	Country		5. Certificate of S	Status Desired			
	6. Name and Address of Curren	t Registered Agent	Suite, Apt. #, etc.  01242005 Chg-NP CR2E037 (10/03)  City & State  4. FEI Number S9-2034519  Applied For Not Applicable  Zip  Country  5. Certificate of Status Desired \$8.75 Additional Fee Required  Instered Agent  Name  Name  DYPAINE  Street Address (P.O. Box Number is Not Acceptable)  Tomain and Timain DY # 1						
EEDDIC /	A NUTA I	<del></del>	Name	7	- LAINC	$\overline{}$ m,	in has	<del></del>	
	ANITA J EO PINES CIRCLE CE, FL 34951		Street #	Address (f	P.O. Box Number is	Not Acceptable	*Dr_#(	1	
( ) I IEINO	C, CC 04001				<del></del>				
			City	77	PIERC	<u> </u>	FL Zip Cod	10 // G	
B. The above	e named entity submits this statement f	for the gurpose of changing its re	egistered office c	r register			orida. I am familiar with,	and accept	
	ations of registered agent.		•	-	•				
	(onain	nume	-			/- (	79-05		
						, (	, <sub>1</sub> – – –		
SIGNATURE	Signature, typed or printed name of registered ager	rt and tide if applicable. (NOTE: F	Registered Agent signa	ture required	when reinstating)		DATE	<del></del>	
SIGNATURE	Signature, typed or printed name of registered ager Filling Fee is \$61.25	9. Election Camp	paign Financing		\$5.00 May 8e	N	DATE		
	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May 8e Added to Fees	N Flor	DATE  fake check payable to rida Department of Si	tate .	
10.	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2005  OFFICERS AND D	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May 8e Added to Fees	N Flor	DATE  fake check payable to the state of State o	tate V 10	
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND D  P  KEYES, JAMES	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May 8e Added to Fees	N Flor	DATE  fake check payable to the state of State o	tate V 10	
10. TIFLE NAME	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND D  P  KEYES, JAMES PO BOX 27 HENDERSON HARBOR, NY 13	9. Election Camp Trust Fund Co DIRECTORS	paign Financing ontribution.  11.  TITLE NAME		\$5.00 May 8e Added to Fees	N Flor	DATE  fake check payable to the state of State o	tate V 10	
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND D  P  KEYES, JAMES PO BOX 27  HENDERSON HARBOR, NY 13	9. Election Camp Trust Fund Co DIRECTORS	paign Financing ontribution.  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE		\$5.00 May 8e Added to Fees	N Flor	DATE  fake check payable to the state of State o	tate V 10	
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10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND D  P  KEYES, JAMES PO BOX 27  HENDERSON HARBOR, NY 13	9. Election Camp Trust Fund Co  Delete  3651	paign Financing ontribution.  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE		\$5.00 May 8e Added to Fees	N Flor	DATE  flake check payable to rida Department of Stars AND DIRECTORS IN   Change	tate V 10 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 of 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:

DAE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/05 315-938-537

## ATTACHMENT

## 2005 NOT-FOR-PROFIT GORPONATION ANNUAL REPORT

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

			<u> </u>			_					
DOCUMENT # 751975  1. Entity Name SAND AND SEA CONDOMINIUM ASSOCIATION, INC.							011				
Principal Place of Business Maiting Address 2505 TAMARIND DRIVE 2505 TAMARIND DRIVE					1 66	200	316	27			
C C FT. PIERCE, FL 33449 FT. PIERCE, FL 33449				<b>,</b>			_				
2. Principal P	lace of Business	3. Ma	iling Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01242005 Chg-NP CR2E037 (10/03)					
City & State			City & State		4. FEI Number 59-203451	9			plied For t Applicable		
Zip	lip Country Zip		p	Cou	ntry	Certificate of Status Desired     Saturation					
	6. Name and Addre	ss of Current Register	ed Agent			7. Name and Add	resa of New !				
FEDDIS A	MITA	·	<u>-</u> -	-	Name	<del>-</del>	-,-: <del></del> -				
FERRIS, ANÎTA J 5402 PALEO PINES CIRCLE FT PIERCE, FL 34951					Street Address (P.O. Box Number is Not Acceptable)						
					City Zip Code					,	
8. The above	named entity submits th	is statement for the pure	oose of chancino its	registere	od office or reniese	ered agent or both in	the State of E	FL lorida Lamita	miliar with	and account	
the obligat	ions of registered agent.					area egora, or cont, ar	the obligation	ionos, rema	mina with,	ano accept	
	,										
SIGNATURE.		of registered agent and title 2 ag	TOM) election	E: Registered	d Agent signsture require	ed when re-netaung)		DATE			
					<del></del>				<del></del>		
	Filing Fee is \$61. Due by May 1, 20	05	9. Election Car Trust Fund (			\$5.00 May Be Added to Fees	Flo	Make check, rida Departi	nent of St	ate	
10.	OFFI P	CERS AND DIRECTORS		11.		ADDITIONS/CHANG	ES TO OFFICI				
NAME	KEYES, JAMES		Delete	TITLE					Change	Addition	
STREET ADDRESS	no novice				ET ADDRESS	•					
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TITLE	T I VEVES 10AN		☐ Delete	RTLE			,		Change	☐ Addition	
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CITY-SI-ZIP	HENDERSON HAR	BOR, NY 13651			S1-ZIP		•				
TITLE	T		☐ Delete	TITLE					☐ Change	Addition	
NAME	MUNROE, LORRAIN	_		NAME				,			
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CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				ST-ZP						
	certify that the information on this report or suppler poration or the receiver or on an attachment with				nption stated in S ure shall have the red by Chapter 61	iection 119.07(3)(i), Flo same legal effect as i 17, Florida Statutes; an	orida Statutes. f made under d that my nam	I further certif oath; that I an se appears in	y that the in an officer Block 10 or	formation or director Block 11 if	
Granged,	UN WILDERING INS IN O. O.	n an address, with all of	her like empowered.	•	- , .	2/201			900	~ ~ ~	
SIGNAT	DHE: JANA	E AND TYPED OR PRINTED RIM	720			2/21/	<u>U () (</u>	315-	1081	<u> </u>	