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Jan 22, 1999 8:00am  
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01-22-1999 90035 001 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 755496

1. Corporation Name

SAND DOLLAR OFFICE CONDOMINIUM, INC.

Principal Place of Business

134 FIFTH AVENUE  
SUITE 208  
INDIALANTIC FL 32903-3164  
US

Mailing Address

134 FIFTH AVENUE  
SUITE 208  
INDIALANTIC FL 32903-3164  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

12/11/1980

4. FEI Number  
36-7467686

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CINCO, LARRY  
134 5TH AVE., SUITE 208  
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

US SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/7/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME ROBINSON, JOHN F.  
STREET ADDRESS 1326 S. RIVERSIDE DR.  
CITY-ST-ZIP INDIALANTIC, FL. 00000

TITLE P ☐ DELETE  
NAME CINCO, LARRY  
STREET ADDRESS 134 5TH AVE., #208  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE D ☐ DELETE  
NAME ROBINSON, JOHN  
STREET ADDRESS 205 BALLYSHANNON ST. #201  
CITY-ST-ZIP MELB BEACH FL 37991

TITLE VD ☐ DELETE  
NAME TOPOL, HAROLD  
STREET ADDRESS 716 MALIBU LANE  
CITY-ST-ZIP INDIALANTIC FL

TITLE D ☐ DELETE  
NAME WILLIAMS, ROBERT  
STREET ADDRESS 11450 S TROPICAL TRAIL  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE D ☐ DELETE  
NAME COLLINS, DAVID  
STREET ADDRESS 134 5TH AVE SUITE 104  
CITY-ST-ZIP INDIANATLANTIC FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED LARRY CINCO 1/7/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (11/98)