


**2004-NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 755496</b> 1. Entity Name SAND DOLLAR OFFICE CONDOMINIUM, INC.	
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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
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02022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 36-7467686	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  CINCO, LARRY 134 5TH AVE., SUITE 208 INDIALANTIC, FL 32903	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000100665 04/01/04-80017-002 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, JOHN F. 1326 S. RIVERSIDE DR. INDIALANTIC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CINCO, LARRY 134 5TH AVE., #208 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, JOHN 205 BALLYSHANNON ST. #201 MELB BEACH, FL 37991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOPOL, HAROLD 716 MALIBU LANE INDIALANTIC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, DAVID 134 5TH AVE SUITE 104 INDIANATLANTIC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> 	<b>3/31/04</b>	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			