FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:12

DOCUMENT # 756610 (2)

1. Corporation Name

SILVER SANDS OF BONITA BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
26140 HICKORY BLVD.,S.W.
BONITA SPRINGS FL 33923

Mailing Address
P. O. BOX 2507
BONITA SPRINGS FL 33959
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1981
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2188182 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27
City & State: 23
City & State: 28
Zip: 24 Country: 25
Zip: 29 Country: 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PARR, FRANK
26140 HICKORY BLVD
BONITA SPRINGS FL 33923

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when resigning! — DATE

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	PARR, FRANK
STREET ADDRESS	1920 E.CORAL RD.
CITY-ST-ZIP	MCBRIDES MI
TITLE	TD
NAME	KNIGHT, RICHARD
STREET ADDRESS	26140 HICKORY BLVD #35
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	DV
NAME	MILLS, HARLAN
STREET ADDRESS	26140 HICKORY BLVD #7N
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	DS
NAME	GROSSLEIN, AUGUST
STREET ADDRESS	1923 PARKMOUNT LANE
CITY-ST-ZIP	ANOKA MN
TITLE	S
NAME	HUNT, HELEN
STREET ADDRESS	26140 HICKORY BLVD., 8C
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	☒ Change	☐ Addition
1.2 NAME	Parr, Frank		
1.3 STREET ADDRESS	1920 E Coral Rd		
1.4 CITY-ST-ZIP	McBrides, Mi		
2.1 TITLE	Treasurer, Director	☒ Change	☐ Addition
2.2 NAME	Knight Richard		
2.3 STREET ADDRESS	26140 Hickory Blvd #35		
2.4 CITY-ST-ZIP	Bonita Springs		
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	President,	☒ Change	☐ Addition
4.2 NAME	Grosslein, August		
4.3 STREET ADDRESS	1923 Parkmount Lane		
4.4 CITY-ST-ZIP	Anoka, Mn		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: August E. Grosslein — 2/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Digital Checksum

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