## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

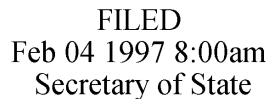
DOCUMENT #

756610

SILVER SANDS OF BONITA BEACH CONDOMINIUM ASSOCIA TION, INC.

Principal Place of Business	
26140 HICKORY BLVDS.W.	

Mailing Address





26140 HICKORY BLVDS.W. BONITA SPRINGS FL 33923			P. O. BOX 2507 BONITA SPRINGS FL 34133-2507							
		US				3. Date incorporated or Qualified 03/04/1981	3a. Da	02/0	st Report <b>/1996</b>	
2. Principal Place of Bu	usiness	2a. Mailing Add	iress			4. FEI Number	<u> </u>	L	Applied For	
21		26				59-2188182			Not Applicat	_
Suite, Apt. #, etc.		Suite, Apt. 4	, etc.			5. Certificate of Status Desired			75 Additional e Required	
City & State		City & State	l			6. Election Campaign Financing			<b>00</b> May Be	
23	Country	28		to	<del></del>	Trust Fund Contribution	<u> </u>		ded to Fees	4
Zip	Country 25	Zip	····	untry		This corporation has flability for Florida Statutes	intangible Yes [		ler s. 199.032,	1
24 9. Nat	25  me and Address of Curre	29 ent Registered Agent	30	Τ		10. Name and Address of New Re				ᅱ
			·····	81	Name				,	$\neg$
PARR, FRANK				82	Charles	(0.0 D. N. J. J. J. May 40	ata V			$\dashv$
26140 HICKORY	/ BLVD			02	Street A	ddress (P.O. Box Number is Not Accepta	010)			
BONITA SPRING				83						┪
50.1177. 07.1417.				-				12:1	7: 0:4-	
				84	City		FL	85	Zip Code	
11. Pursuant to the pro office or registered agent. I am familiar	visions of Sections 617.05 agent, or both, in the Star with, and accept the obli	502 and 617.1508, Flo le of Florida. Such cha gations of, Section 61	rida Statutes, the a inge was authorize 7.0503, Florida Sta	bove d by tutes	e-named c the corpo s.	orporation submits this statement for the oration's board of directors. I hereby acce	purpose of pt the app	changi oinimer	ng Its registered It as registered	bed
SIGNATURE							- 6146			
Signature N	ped or printed name of registered a	ND DIRECTORS	(NOTE: Register		ent algnature n	ogulred when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIREC	TORS IN 12	
TITLE D	OTTOCHON			ITLE		7.0011101101011111111111111111111111111	OL/10/W1	Cha		ion
	R, FRANK	-		NAME						
	E.CORAL RD.				ADDRESS					i
	RIDES MI			CITY-S		•				
TITLE S				TITLE				Cha	nge Addit	lion
NAME KNIC	SHT, RICHARD		2.21	MAME	i					
STREET ADDRESS 2614	10 HICKORY BLVD. 3S		2.3 5	STREET	ADDRESS					
CITY-ST-ZIP BON	IITA SPRINGS FL		2.4	CITY-	ST-ZIP					İ
TITLE DV			DELETE 31	TITLE				Cha	nge 🔲 Addit	lion
NAME MILL	s, Harlan		321	NAME	-					
_	10 HICKORY BLVD #71	N	333	STREET	ADDRESS					Ì
	IITA SPRINGS FL			CITY-	ST-ZIP					
TITLE P			DELETE 4.11	TITLE				Cha	nge 🔲 Addit	tion
	ISSLEIN, AUGUST		4. 2	NAME						
	PARKMOUNT LANE		4.3	STREET	ADDRESS					
	KA MN				ST-ZIP					
TITLE		LJ		TITLE	1			L.J. Cha	nge 🔲 Addil	ion
	IT, DONALD		•	NAME						
200	10 HICKORY BLVD., 80	į			ADDRESS					
	ITA SPRINGS FL				ST-ZIP				1	
TITLE		Ц	li i	TITLE				L Cha	nge 🔲 Addit	aon
NAME				NAME	-					
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP	that the information a con-	talah sadah akita dilika alam			ST-ZIP	ated in Section 119 07/3)(i) Florida Statut	l Žijalija	1 00 115	11 - 1 11 - 1	

I have been been been been been a supplied with this limit does not quality 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 frustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if manged, or on an attachment with an addiess.

Daytime Phone # 0080290