

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90273 038 ****61.25

DOCUMENT # 756610

1. Entity Name

**SILVER SANDS OF BONITA BEACH CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

26140 HICKORY BLVD.
BONITA SPRINGS FL 34134

Mailing Address

P. O. BOX 2507
BONITA SPRINGS FL 34133
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2188182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, BRADLEY R
27657 US OLD 41 RD
BONITA SPRINGS FL 34135

Name **Nancy Fiala**

Street Address (P.O. Box Number is Not Acceptable)
26140 Hickory Blvd # 702

City **Bonita Springs**

FL

Zip Code
34134

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.

X SIGNATURE *Nancy Fiala*

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

(NOTE: Registered Agent signature required when reinstating)

4/14/2004

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☒ Delete
NAME **HOEHNE, ROBERT**
STREET ADDRESS **635 WICKLOW RD**
CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE **D** ☐ Delete
NAME **KNIGHT, RICHARD**
STREET ADDRESS **P.O. BOX 37**
CITY-ST-ZIP **ROCK SPRINGS WI 53961**

TITLE **D** ☐ Delete
NAME **KLOPP, LARRY**
STREET ADDRESS **26140 HICKORY BLVD. #503**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **VP** ☒ Delete
NAME **GROSSLEIN, AUGUST**
STREET ADDRESS **1120-BENTON ST**
CITY-ST-ZIP **ANOKA MN 55303**

TITLE **PD** ☒ Delete
NAME **HUNT, DONALD**
STREET ADDRESS **26140 HICKORY BLVD., 8C**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Change ☒ Addition
NAME **LARISSA LUENGO**
STREET ADDRESS **26140 Hickory Blvd # 601**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **D** ☐ Change ☒ Addition
NAME **AL LOWERY**
STREET ADDRESS **3256 PIKEWOOD COURT**
CITY-ST-ZIP **COMMERCE TOWNSHIP, MI 48382**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **Nancy Fiala**
STREET ADDRESS **26140 Hickory Blvd # 702**
CITY-ST-ZIP **Bonita Springs FL 34134**

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 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.

SIGNATURE: *Nancy Fiala* **NANCY FIALA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2004

Date

947-0870

Daytime Phone #

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