


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 756956 1. Entity Name SAND AND SURF CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2535 S. ATLANTIC AVE. DAYTONA BEACH SHORES, FL 32118	Mailing Address 2535 S. ATLANTIC AVE. DAYTONA BEACH SHORES, FL 32118
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DO NOT WRITE IN THIS SPACE



03182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2726892	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PASKOSKI, JOHN 290 EVANSDALE ROAD LAKE MARY, FL 32746	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>DO NOT WRITE IN THIS SPACE</p> <p>U00000318359 04/19/05-80076-001 61.25</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PASKOSKI, JOHN 290 EVANSDALE RD LAKE MARY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELMORE, DUANE PO BOX 4082 DELAND, FL 32723	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NADLER, JACQUE 600 HILLCREST STREET ALTAMONTE SPRINGS, FL 32701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLER, WILBUR 725 HERBERT ST PORT ORANGE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HURST, MARGARET 10057 CIARCONA- OCOEE ROAD APOPKA, FL 32703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: Duane Elmore **Duane Elmore, Vice President** **386 756-4662**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #