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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **759620**

1. Corporation Name

SAND PEBBLES OF ISLAMORADA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
80450 OVERSEAS HIGHWAY UNIT 101 ISLAMORADA FL 33036-3751 US	80450 OVERSEAS HIGHWAY UNIT 101 ISLAMORADA FL 33036-3751 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 80450 OVERSEAS HIGHWAY	26 80450 OVERSEAS HIGHWAY	08/14/1981
Suite, Apt. #, etc. 22 UNIT #103	Suite, Apt. #, etc. 27 UNIT #103	4. FEI Number 65-0484520 ☐ Applied For ☐ Not Applicable
City & State 23 Islamorada, FL. 33036-3751	City & State 28 ISLAMORADA, FL. 33036-3751	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33036-3751 25 U.S.A.	Zip / Country 29 33036-3751 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHN D. WATSON 7454 SOUTH WEST 48TH STREET MIAMI FL 33155	81 Name: BARBARA GOODRICH 82 Street Address (P.O. Box Number is Not Acceptable): 5201 SANDS BLVD. 83 84 City: CAPE CORAL, FL 85 Zip Code: 33914

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: B Goodrich — Barbara Goodrich, Pres. Dir. — DATE: 1.25 98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	PD	XX Change ☐ Addition
NAME	GOODRICH, BARBARA		1.2 NAME	GOODRICH, BARBARA	
STREET ADDRESS	5201 SANDS BLVD.		1.3 STREET ADDRESS	5201 SANDS BLVD.	
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	DP	XX DELETE	2.1 TITLE	VD	XX Change ☐ Addition
NAME	WATSON, JOHN D		2.2 NAME	KELLOGG, LAWRENCE	
STREET ADDRESS	7454 S.W. 48TH STREET		2.3 STREET ADDRESS	660 GRANDE CONCOURSE	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI SHORES, FL. 33138	
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHARON, DREYER		3.2 NAME		
STREET ADDRESS	80450 OVERSEAS HWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Sharon Dreyer Sec. Treas. — JANUARY 23, 1999 — 305-664-9991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SHARON DREYER SEC TREAS

SIGNATURE REQUIRED