2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006
Secretary of State

DOCUMENT# 764784

Entity Name: DRIFTWOOD SANDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2618 GULF BLVD
INDIAN ROCKS BEACH, FL 34635 US

New Principal Place of Business:

Current Mailing Address:

7300 PARK ST
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-2211151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RESOURCE MANAGEMENT
7300 PARK ST
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VALENTINE, CRAIG
Address: 2618 GULF BLVD #206
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VPD ( ) Delete
Name: ALBERT, HELEN
Address: 2618 GULF BLVD #103
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D/S ( ) Delete
Name: ULRICH, BARB
Address: 2618 GULF BLVD #109
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: TD (X) Delete
Name: MEINERS, BRENDA
Address: 2618 GULF BLVD #301
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D ( ) Delete
Name: HARVEY, MIKE
Address: 2618 GULF BLVD #406
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: HARVEY, MICHAEL
Address: 2618 GULF BLVD #406
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG VALENTINE PD 03/24/2006

Electronic Signature of Signing Officer or Director — Date