| ANNU | DNPROFIT RPORATION JAL REPORT 1996 | Sand Sec | PARTMENT OF STAT ira B. Mortham retary of State DF CORPORATIONS | Έ. | | | |
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| Corporatio | | √ -7 | | | | | |
| silvei N, inc | r Sands Resort (Lee) C C. | CONDOMINIUM ASSO | DCIATIO | | | | |
| cipal Place | e of Business | Mailing Address | | | - I IODIII IEDIE DIIJI DIIDE IIII DII | (| |
| iation. In 207 Ester T Myers (| | CIATION. INC. 1207 ESTERO BLVD FT MYERS BEACH 1 | | | 3. Date Incorporated or Qualified | 3a. Date of | |
| Principal Pl | lace of Business | 2a. Mailing Address | | | 10/11/1982 4. FEI Number | 06/1 | 19/1995 Applied For |
| Suite, Apt. | #, etc. | 26 Suite, Apt. #, etc. | | | 59-2370453 5. Certificate of Status Desired | \$8 | Not Applicable |
| City & State | e | 27 City & State | | | 6. Election Campaign Financing | \$ | Fee Required 5.00 May Be |
| | Country | 28 Zip | Country | | Trust Fund Contribution 8. This corporation has liability for | A | dded to Fees |
| | 25 9. Name and Address of Curren | 29 nt Registered Agent | 30 | | | 🗌 Yes 🗹 No | |
| 110148.0 | | | 81 Na | me | | | |
| NOWLIN, DANIEL R 369 MADISON CT | | | 82 St | eet Addre | ess (P.O. Box Number is Not Acceptab | lie) | |
| FT MYE | | | 83 | | | | |
| 33931 | | | 84 Cit | | | - 85 | Zip Code |
| or register | to the provisions of Sections 617,0502 red agent, or both, in the State of Florn the and accord the obligations of Sections | ida. Such change was autho | rized by the comoratii | d corporat | tion submits this statement for the pur I of directors. I hereby accept the appe | | ito registered effi |
| or register | red agent, or both, in the State of Hon ith, and accept the obligations of, Sect Signature, typed or ported name of registered agent | Ida. Such change was autho tion 617.0503, Florida Statut | rized by the corporations. NOTE: Registered Agent signa | d corporat on's board | d of directors. I hereby accept the approximation of the second | PL pose of changing ointment as regist | its registered offic ered agent. I am |
| or register familiar wi | red agent, or both, in the State of Hon ith, and accept the obligations of, Seci- Signature, typed or perted name of registered agen OFFICERS AN VD | ida. Such change was autho tion 617.0503, Florida Statut | rized by the corporations. | d corporat on's board | I of directors. I hereby accept the appli | PL pose of changing ointment as regist | its registered officered agent. I am |
| or register familiar wi | red agent, or both, in the State of Hon ith, and accept the obligations of, Sect Signature, typed or parted name of registered agen OFFICERS AN | Ida, Such change was autho tion 617.0503, Florida Statut tand title n'application (ID DIRECTORS | NOTE: Registered Agent signa | d corporat on's board tura required v | d of directors. I hereby accept the approximation of the second | DATE DATE ICERS AND DIRL | its registered offi ered agent. I am CTORS IN 12 |
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