

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765367** (8)

1. Corporation Name

**SILVER SANDS RESORT (LEE) CONDOMINIUM ASSOCIATIO
N, INC.**

Principal Place of Business

Mailing Address

**CIATION, INC.
1207 ESTERO BLVD
FT MYERS BEACH FL 33931**

**CIATION, INC.
1207 ESTERO BLVD
FT MYERS BEACH FL 33931**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/11/1982

3a. Date of Last Report
02/19/1996

4. FEI Number

59-2370453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NOWLIN, DANIEL H
389 MADISON CT.
FT MYERS, FL
33901**

81. Name **PALMER, RICHARD**

82. Street Address (P.O. Box Number is Not Acceptable)

6612 ESTERO BLVD #902

83. City **FT MYERS BEACH, FL**

85. Zip Code

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
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Richard Palmer

(NOTE: Registered Agent signature required when reinstalling)

DATE

8/11/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **VD
NOWLIN, DANIEL**
STREET ADDRESS **~~389 MADISON CT.~~**
CITY - ST - ZIP **~~FT MYERS, FL 33901~~**

TITLE ☐ DELETE

NAME **STD
NOWLIN, JANICE**
STREET ADDRESS **~~389 MADISON CT.~~**
CITY - ST - ZIP **~~FT MYERS, FL 33901~~**

TITLE ☐ DELETE

NAME **D
PALMER, RICHARD**
STREET ADDRESS **6612 ESTERO BLVD #902**
CITY - ST - ZIP **FT. MYERS BCH FL**

TITLE ☐ DELETE

NAME **PD
PALMER, ALLYENE**
STREET ADDRESS **6612 ESTERO BLVD**
CITY - ST - ZIP **FT. MYERS BCH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

**225 W WALTY AVE
DUBOIS WY 82513**

☒ Change ☐ Addition

**225 W WALTY AVE
DUBOIS WY 82513**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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.

SIGNATURE

SIGNATURE REQUIRED

8/11/97

CP2E037 (4/97)