

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90240 029 ****70.00

DOCUMENT # 768205

1. Entity Name
**SILVER SANDS CONDOMINIUM ASSOCIATION OF
VOLUSIA COUNTY, INC.**



Principal Place of Business
**4865 S ATLANTIC AVE.
NEW SMYRNA BCH., FL 32169-4419**

Mailing Address
**4865 S ATLANTIC AVE.
NEW SMYRNA BCH., FL 32169-4419**

40065672



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2434251

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCCALL, GARY
4865 SOUTH ATLANTIC AVENUE
APT 406
NEW SMYRNA BEACH, FL 32169**

7. Name and Address of New Registered Agent

Name **Foreman, Douglas C**
Street Address (P.O. Box Number is Not Acceptable)
4865 S. Atlantic Ave Apt 504
City **New Smyrna Beach** FL **32169**

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

Douglas C Foreman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/28/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P MCCALL, GARY**
STREET ADDRESS **1209 EDGEWATER DR**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE ☒ Change ☐ Addition
NAME **D McCall, Gary**
STREET ADDRESS **1209 Edgewater Dr**
CITY-ST-ZIP **Orlando FL 32804**

TITLE ☐ Delete
NAME **T FOREMAN, DOUGLAS C**
STREET ADDRESS **305 N. DOUGLAS AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE ☒ Change ☐ Addition
NAME **P Foreman, Douglas C**
STREET ADDRESS **2211 Lee Rd, Suite 100**
CITY-ST-ZIP **Altamonte Springs FL 32789**

TITLE ☐ Delete
NAME **D CRAM, SALLY J**
STREET ADDRESS **6341 LINWAY TERRACE**
CITY-ST-ZIP **MC LEAN, VA 22101**

TITLE ☒ Change ☐ Addition
NAME **VP Cram, Sally J**
STREET ADDRESS **6341 Linway Terrace**
CITY-ST-ZIP **McLean VA 22101**

TITLE ☐ Delete
NAME **D ANGLIN, MARGARET**
STREET ADDRESS **350 SENECA TRAIL**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE ☒ Change ☐ Addition
NAME **T Anglin, Margaret**
STREET ADDRESS **350 Seneca Trail**
CITY-ST-ZIP **Maitland FL 32751**

TITLE ☐ Delete
NAME **D CRAM, BILL**
STREET ADDRESS **143 DWYER DRIVE**
CITY-ST-ZIP **GENEVA, NY 14456**

TITLE ☐ Change ☒ Addition
NAME **D Christie Cooper**
STREET ADDRESS **15 Windsor Isle**
CITY-ST-ZIP **Longwood FL 32779**

TITLE ☐ Delete
NAME **D SACHA, JOHN**
STREET ADDRESS **576 PEACHTREE BATTLE AVE**
CITY-ST-ZIP **ATLANTA, GA**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas C Foreman

2/28/07

Date

Daytime Phone #

407 862 5900