

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90135 017 ****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

40082260



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03312008 Chg-NP CR2E037 (12/06)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
59-2434251

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOREMAN, DOUGLAS C
4865 S ATLANTIC AVE APT 504
NEW SMYRNA BEACH, FL 32169

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE D ☒ Delete
NAME MCCALL, GARY
STREET ADDRESS 1209 EDGEWATER DR
CITY-ST-ZIP ORLANDO, FL 32804

TITLE P ☐ Delete
NAME FOREMAN, DOUGLAS C
STREET ADDRESS 2211 LEE RD SUITE 100
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32789

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

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

TITLE D ☐ Delete
NAME COOPER, CHRISTIE
STREET ADDRESS 15 WINDSOR ISLE
CITY-ST-ZIP LONGWOOD, FL 32779

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Christina Deshetler
STREET ADDRESS 844 Sweetwater Island Circle
CITY-ST-ZIP Longwood, FL 32779

TITLE D ☐ Change ☒ Addition
NAME Robert Miller
STREET ADDRESS 1814 Walker Ave
CITY-ST-ZIP Winter Park, FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Douglas C Foreman

4/23/08

407-862-5900

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #