

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768205

FILED
Apr 08, 2009
Secretary of State

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

Current Principal Place of Business:

4865 S ATLANTIC AVE.
NEW SMYRNA BCH., FL 321694419

New Principal Place of Business:

Current Mailing Address:

4865 S ATLANTIC AVE.
NEW SMYRNA BCH., FL 321694419

New Mailing Address:

FEI Number: 59-2434251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOREMAN, DOUGLAS C
4865 S ATLANTIC AVE APT 504
NEW SMYRNA BEACH, FL 32169 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: D () Delete
Name: DESHETLER, CHRISTINA
Address: 844 SWEETWATER ISLAND CIR
City-St-Zip: LONGWOOD, FL 32779

Title: P () Delete
Name: FOREMAN, DOUGLAS C
Address: 2211 LEE RD SUITE 100
City-St-Zip: ALTAMONTE SPRINGS, FL 32789

Title: VP () Delete
Name: CRAM, SALLY J
Address: 6341 LINWAY TERRACE
City-St-Zip: MC LEAN, VA 22101

Title: T () Delete
Name: ANGLIN, MARGARET
Address: 350 SENECA TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: COOPER, CHRISTIE
Address: 15 WINDSOR ISLE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: SACHA, JOHN
Address: 576 PEACHTREE BATTLE AVE
City-St-Zip: ATLANTA, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: DESHETLER, CHRISTINA
Address: 844 SWEETWATER ISLAND CIR
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change () Addition
Name: FOREMAN, DOUGLAS C
Address: 2211 LEE RD SUITE 100
City-St-Zip: ALTAMONTE SPRINGS, FL 32789

Title: P (X) Change () Addition
Name: CRAM, SALLY J
Address: 6341 LINWAY TERRACE
City-St-Zip: MC LEAN, VA 22101

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 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: SALLY CRAM

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date