

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768205

**FILED**  
**Apr 22, 2011**  
**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 (X)**

**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  
**Name:** BOB, MEEKS  
**Address:** 6923 NARCOOSEE ROAD #603  
**City-St-Zip:** ORLANDO, FL 32822

**Title:** VP  
**Name:** FOREMAN, DOUGLAS C  
**Address:** 2211 LEE RD SUITE 100  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32789

**Title:** D  
**Name:** THOMAS, MORRIS  
**Address:** 15418 LONG COVE BLVE  
**City-St-Zip:** CARMEL, IN 46033

**Title:** T  
**Name:** JACOBESKY, BRIDGETT  
**Address:** 4865 S. ATLANTIC AVENUE UNIT #403  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32169

**Title:** P  
**Name:** COOPER, CHRISTIE  
**Address:** 15 WINDSOR ISLE  
**City-St-Zip:** LONGWOOD, FL 32779

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

I hereby 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 all other like empowered.

**SIGNATURE:** CHRISTIE COOPER

P

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date