

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90292 047 ****61.25

DOCUMENT # 768654

1. Entity Name
**SAND DOLLAR D.B. SHORES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
3115 S ATLANTIC AVE
3115 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES, FL 32118

Mailing Address
3115 S ATLANTIC AVE
3115 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES, FL 32118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2620479

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAIR, CHARLES T
3425 S ATLANTIC AVE
UNIT 303
DAYTONA BEACH SHORES, FL 32118

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, 2005**

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 P ☐ Delete
NAME PAIR, CHARLES T
STREET ADDRESS 3425 S ATLANTIC AVE # 203
CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118

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

TITLE S ☒ Delete
NAME SULLIVAN, DARCY
STREET ADDRESS 6956 RIVERWOOD DR
CITY-ST-ZIP KNOXVILLE, TN 37920

TITLE ☐ Change ☒ Addition
NAME Rooney, John
STREET ADDRESS 2 Enfield Rd.
CITY-ST-ZIP WARRICK, RI. 02886

TITLE D ☒ Delete
NAME JOHNSON, EDEARD
STREET ADDRESS 564 OLD PHILADELPHIA RD
CITY-ST-ZIP JASPER, GA 30143

TITLE ☐ Change ☒ Addition
NAME D. Kaising, Elmer
STREET ADDRESS 3910 Burgenland Lane
CITY-ST-ZIP Cincinnati, OH. 45255

TITLE VD ☐ Delete
NAME MULLINAX, LOY
STREET ADDRESS 1344 S. MAIN STREET
CITY-ST-ZIP JASPER, GA

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

TITLE T ☐ Delete
NAME GASPER, RUTH
STREET ADDRESS 961 SANDLE WOOD DR
CITY-ST-ZIP PORT ORANGE, FL 32129

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

TITLE ☐ Delete
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 exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

Tom Pair Association Pres. 4/22/05 386 405-4750