2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #768654

FILED Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90378 003 ****61.25

1. Entity Name SAND DOLLAR D.B. SHORES HOMEOWNERS ASSOCIATION, INC.								
3115 S ATLANTIC AVE 3115			iling Address 15 S ATLANTIC AVE YATONA BEACH SHORES, FL 32118		60024424			
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03272006	Chg-NP (CR2E037 (11/05)	
City & State		City & State			4. FEI Number 59-26204	79		oplied For
Zip	Country	Zip	Cour	ntry	5. Certificate of S		\$8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New Reg	istered Agent	
PAIR CHA	ARIEST			Name				
PAIR, CHARLES T 3425 S ATLANTIC AVE UNIT 303				Street Address (P.O. Box Number is Not Acceptable)				
DAYTONA	A BEACH SHORES, FL 32118	}						
77 2	· · · · · · · · · · · · · · · · · · ·			City			FL Zip Coo	
8. The above the obligat	named entity submits this statement for	or the purpose of changin	g its registered	d office or regis	stered agent, or both, i	n the State of Florid	a. I am familiar with,	and accept
ino obligat	and or registered agents.	7					, /	
SIGNATURE .	Sometan	/				ك	3/31/06	
	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registered	Agent signature requ	ilred when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be	\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
10.		11000110		on. 🗀	Added to Fees	1 101100	i peharaneur or 2	tate
	OFFICERS AND DI			on. 📙			·	
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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 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 appears, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

CITY-\$1-ZIP