

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # 768654

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



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

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



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2620479

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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**

**000000790521
01/23/08-80037-015 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARSENAULT, WILLIAM 6165 S. ATLANTIC AVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROONEY, JOHN 2 ENFIELD RD WARWICK, RI 02886
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROLINEC, RUDOLPH 3115 S. ATLANTIC AVE #903 DAYTONA BEACH SHORES, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MULLINAY, LOY 1255 S MAIN ST JASPER, GA 30143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GASPER, RUTH 961 SANDLE WOOD DR PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Rooney
1-15-08
SECRETARY
386-788-3672