

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768654

FILED
Jan 06, 2009
Secretary of State

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

Current Principal Place of Business:

3115 S ATLANTIC AVE
DAYATONA BEACH SHORES, FL 32118

New Principal Place of Business:

Current Mailing Address:

3115 S ATLANTIC AVE
DAYATONA BEACH SHORES, FL 32118

New Mailing Address:

FEI Number: 59-2620479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GASPER, RUTH E
961 SANDLE WOOD DR
PORT ORANGE, FL 32127 US

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: RUTH E. GASPER

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARSENAULT, WILLIAM
Address: 6165 S. ATLANTIC AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: S () Delete
Name: ROONEY, JOHN
Address: 2 ENFIELD RD
City-St-Zip: WARWICK, RI 02886

Title: D () Delete
Name: ROLINEC, RUDOLPH
Address: 3115 S. ATLANTIC AVE #903
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: VP () Delete
Name: MULLINAY, LOY
Address: 1255 S MAIN ST
City-St-Zip: JASPER, GA 30143

Title: T () Delete
Name: GASPER, RUTH
Address: 961 SANDLE WOOD DR
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RUTH E. GASPER

T

01/06/2009

Electronic Signature of Signing Officer or Director

Date