

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90091 039 \*\*\*\*61.25

<b>DOCUMENT # 769789</b>			
1. Entity Name <b>SAND &amp; SEA MOBILE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>2350 N.W. 20 AVE BOYNTON BEACH FL 33436 US</b>		Mailing Address <b>1621 NW 24 ST BOYNTON BEACH FL 33436 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>NO-T APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>NERING, DON 1621 NW 24 STR BOYNTON BEACH FL 33436</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME QUIGLEY, RAY STREET ADDRESS 2306 NW 23RD AVE CITY-ST-ZIP BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete	TITLE B NAME VIRGINIA QUILTY STREET ADDRESS 2216 NW 23RD AVE CITY-ST-ZIP BOYNTON Bch, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME NERING, DON STREET ADDRESS 1621 NW 24 ST CITY-ST-ZIP BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete	TITLE B NAME TERESA CALL STREET ADDRESS 2409 -NW 16TH WAY CITY-ST-ZIP BOYNTON Bch FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME SMITH, CECILE STREET ADDRESS 2201 14TH AVE N.W. CITY-ST-ZIP BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete	TITLE B NAME JOHN DECKER STREET ADDRESS 2503 NW 23 RD STREET CITY-ST-ZIP BOYNTON Bch, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME MCBAIN, DENNNIS STREET ADDRESS 2503 NW 22ND ST CITY-ST-ZIP BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE B NAME WOLF, JOHN STREET ADDRESS 2510 N.W. 16 WAY CITY-ST-ZIP BOYNTON BEACH FL 33436	<input checked="" type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME GETNELL, LAURA STREET ADDRESS 2315 NW 22 WAY CITY-ST-ZIP BOYNTON BEACH FL 33436	<input checked="" type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Cecile Smith (CECILE SMITH)* **MARCH 10/04** **561-735-0408**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #