


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (A/R)

FILED
Mar 15, 2005 8:00 am
Secretary of State

02-09-2005 90025 001 ****61.25

DOCUMENT # 769789
 1. Entity Name
SAND & SEA MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 2350 N.W. 20 AVE 1621 NW 24 ST
 BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436
 US US

2. Principal Place of Business
2350 NW 20th Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
Boynton Bch - FL.
 Zip Country Zip Country

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable

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

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1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
NERING, DON
1621 NW 24 STR
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City *Boynton Bch* FL Zip Code *33436*

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)

FILE NOW: 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	
TITLE <i>Pres</i> NAME STREET ADDRESS CITY-ST-ZIP	D QUIGLEY, RAY 2306 NW 23RD AVE BOYNTON BEACH FL 33436 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NINING, DON 1621 NW 24 ST BOYNTON BEACH FL 33436 <input type="checkbox"/> Delete
TITLE <i>TRCA</i> NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CECILE 2201 14TH AVE NW BOYNTON BEACH FL 33436 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCBAIN, DENNNIS 2503 NW 22ND ST BOYNTON BEACH FL 33436 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B QUILTY, VIRGINIA 2216 NW 23RD AVE BOYNTON BEACH FL 33436 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B CALL, TERESA 2409 NW 16TH WAY BOYNTON BEACH FL 33436 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NERING, DON SAME ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VENESA A. VENEZA</i> <i>2404 - 21st WAY NW</i> <i>BB-FL, 33436</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MOREAU, CONNIE</i> <i>2508 - 22nd WAY NW</i> <i>BB, FL 33436</i> <input type="checkbox"/> Change <input checked="" 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 files empowered.

SIGNATURE: *Raymond J. Quigley* Date: *3/8/05* Daytime Phone #: *561-737-9022*