


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90029 032 ****61.25

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



1st MOORE CR2E037 (10/05)

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

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 FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUIGLEY, RAY			NAME			
STREET ADDRESS	2306 NW 23RD AVE			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33436			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NERING, DON			NAME			
STREET ADDRESS	1621 NW 24 ST			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33436			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, CECILE			NAME			
STREET ADDRESS	2201 14TH AVE N.W.			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33436			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCBAIN, DENNNIS			NAME			
STREET ADDRESS	2503 NW 22ND ST			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33436			CITY-ST-ZIP			
TITLE	B	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERNOS, JENISA			NAME			
STREET ADDRESS	2404 21ST WAY NW			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33436			CITY-ST-ZIP			
TITLE	B	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOREAU, CONNIE			NAME			
STREET ADDRESS	2508 22ND WAY NW			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33436			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR)

ATTACHMENT

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



40038243

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 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 1605 NW 24 ST

City & State City & State
 BOYNTON BEACH FL

Zip Country Zip Country
 33436 US

4. FEI Number Applied For
 NOT Applicable Not Applicable

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

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
 DESTIO, MELISSA
 Street Address (P.O. Box Number is Not Acceptable)
 1605 NW 24TH ST
 City Zip Code
 BOYNTON BEACH FL 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
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) Date

FILE NOW: FEE IS \$61.25 Due By May 1, 2006
 9. Election Campaign Financing Trust Fund Contribution
 D \$5.00 May Be Added to Fees
 Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	QUIGLEY, RAY
STREET ADDRESS	2306 NW 23RD AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	VP <input type="checkbox"/> Delete
NAME	NERING, DON
STREET ADDRESS	1621 NW 24 ST
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	TD <input type="checkbox"/> Delete
NAME	SMITH, CECILE
STREET ADDRESS	2201 14TH AVE N.W.
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D <input type="checkbox"/> Delete
NAME	MCBAIN, DENNIS
STREET ADDRESS	2503 NW 22ND AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	B <input type="checkbox"/> Delete
NAME	BERNOS, JENISA
STREET ADDRESS	2404 21ST WAY NW
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	B <input type="checkbox"/> Delete
NAME	MOREAU, CONNIE
STREET ADDRESS	2508 22ND WAY, NW
CITY-ST-ZIP	BOYNTON BEACH, FL 33436

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESTIO, MELISSA
STREET ADDRESS	1605 NW 24TH ST
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARMER, JIM
STREET ADDRESS	2201 NW 22ND WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CECILE
STREET ADDRESS	2201 NW 14TH AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, C. SUE
STREET ADDRESS	2214 NW 27TH AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUPP, BILL
STREET ADDRESS	2008 NW 21ST ST TERR
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTENBERG, SHERI
STREET ADDRESS	1519 NW 21ST TERR
CITY-ST-ZIP	BOYNTON BEACH, FL 33436

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and 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 #

ATTACHMENT

40038243

769789

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODINO, LOU
STREET ADDRESS	2003 NW 21ST ST
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NERING, DON
STREET ADDRESS	1621 NW 24TH ST
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR, JOEL
STREET ADDRESS	2406 NW 22ND WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZADEK, LUC
STREET ADDRESS	1798 NW 21ST ST TERR
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREAU, CONNIE
STREET ADDRESS	2508 NW 22ND WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
SIGNATURE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
DATE	
DAYTIME PHONE #	