

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # 769890 (5)

1. Corporation Name

SAND DOLLAR NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O VISTA PROPERTIES MANAGEMENT
100 VISTA ROYALE BLVD
VERO BEACH FL 32962

C/O VISTA PROPERTIES MANAGEMENT
100 VISTA ROYALE BLVD
VERO BEACH FL 32962



2. Principal Place of Business	2a. Mailing Address
21 <i>90 Advantage Property Mgt</i>	26 <i>90 Advantage Property Mgt</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <i>1274 NE Business Park Pl</i>	27 <i>PO Box 65</i>
City & State	City & State
23 <i>Jensen Beach, FL</i>	28 <i>Jensen Beach, FL</i>
Zip	Zip
24 <i>34957</i>	29 <i>34958</i>
Country	Country
25	30

3. Date Incorporated or Qualified 08/18/1983	3a. Date of Last Report 04/17/1995
4. FEI Number 65-0009600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHESTNUT, DAVID J, ESQUIRE
215 S FEDERAL HWY, #200
STUART 34994

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (Block 12)

(Block 13: Registered Agent signature to prepare when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVACS, LOUIS	12 NAME	VP
STREET ADDRESS	7370 S OCEAN DR 516	13 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	14 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REAM, MARIAN DR	22 NAME	9
STREET ADDRESS	7380 S OCEAN DR 522	23 STREET ADDRESS	SILVIN, JAMES
CITY-ST-ZIP	JENSEN BEACH FL	24 CITY-ST-ZIP	7370 S. OCEAN DR. #413
TITLE	<input type="checkbox"/> DELETE	31 TITLE	JENSEN BEACH, FL 34957
NAME	BENTZ, BOB	32 NAME	
STREET ADDRESS	7370 S OCEAN DR	33 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	34 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP	42 NAME	T
STREET ADDRESS	SNYDER, JOHN E	43 STREET ADDRESS	SULLIVAN, THOMAS
CITY-ST-ZIP	7370 S OCEAN DR 611	44 CITY-ST-ZIP	7380 S. OCEAN DR. #517
TITLE	<input type="checkbox"/> DELETE	51 TITLE	JENSEN BEACH, FL 34957
NAME	CARTER, BERNIE	52 NAME	P
STREET ADDRESS	7370 S OCEAN DR	53 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	62 NAME	
STREET ADDRESS	KINNIE, WILLIAM	63 STREET ADDRESS	
CITY-ST-ZIP	7370 S OCEAN DR 314	64 CITY-ST-ZIP	
	JENSEN BEACH FL		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bernie Carter

PRESIDENT

3/23/96

407 229-1277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

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12. OFFICERS AND DIRECTORS (CON'T)

TITLE D

NAME MORAN, ROBERT

ADDRESS 7370 S. OCEAN DRIVE #315

CITY-ST-ZIP JENSEN BEACH, FL 34957