

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>C/O ADVANTAGE PROPERTY MANAGEMENT 1274 NE BUSINESS PARK PLACE JENSEN BEACH FL 34957 US</b>		Mailing Address <b>C/O ADVANTAGE PROPERTY MANAGEMENT P.O. BOX 65 JENSEN BEACH FL 34958-0065 US</b>	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
3. Date Incorporated or Qualified <b>08/18/1983</b>		3a. Date of Last Report <b>04/02/1996</b>	
4. FEI Number <b>65-0009600</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CHESTNUT, DAVID J, ESQUIRE 215 S FEDERAL HWY, #200 STUART 34994</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVACS, LOUIS	1.2 NAME	
STREET ADDRESS	7370 S OCEAN DR 516	1.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVIN, JAMES	2.2 NAME	
STREET ADDRESS	7370 S. OCEAN DRIVE #413	2.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTZ, BOB	3.2 NAME	
STREET ADDRESS	7370 S OCEAN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, THOMAS	4.2 NAME	
STREET ADDRESS	7380 S OCEAN DRIVE #517	4.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, BERNIE	5.2 NAME	
STREET ADDRESS	7370 S OCEAN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINNIE, WILLIAM	6.2 NAME	
STREET ADDRESS	7370 S OCEAN DR 314	6.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	6.4 CITY-ST-ZIP	

14. I do 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 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, changed, or on an attachment with an address.

CR2E037 (9/96)