

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000003565

1. Entity Name
SAVE OUR SAND FOREVER, INC.



Principal Place of Business

**2070 RINGLING BLVD
SARASOTA, FL 34237**

Mailing Address

**4183 SHELL RD
SARASOTA, FL 34242 US**



01282007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0449748

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, RICHARD L
2070 RINGLING BLVD
SARASOTA, FL 34237**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE BM
NAME AUGUST, ARTHUR
STREET ADDRESS 17 WHISPERING SANDS #306
CITY-ST-ZIP SARASOTA, FL 34242

TITLE BM
NAME FRIGNOCA, RICHARD
STREET ADDRESS 148 SANDY HOOK RD N
CITY-ST-ZIP SARASOTA, FL 34242

TITLE P
NAME SHRINER, RICHARD
STREET ADDRESS 77 SANDY HOOD RD N
CITY-ST-ZIP SARASOTA, FL 34242

TITLE T
NAME MIRMAN, ALVIN
STREET ADDRESS 4183 SHELL RD
CITY-ST-ZIP SARASOTA, FL 34242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000628771
02/16/07-80031-003 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Alvin Mirman* **ALVIN MIRMAN** 2-6-07 9413493339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #