


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005170 1. Entity Name SILVER SANDS TOWNHOMES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 913 BAHIA MAR ROAD VERO BEACH, FL 32963	Mailing Address 913 BAHIA MAR ROAD VERO BEACH, FL 32963
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DO NOT WRITE IN THIS SPACE



03162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 05-0529220	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

JUDITH A. JESTER
913 BAHIA MAR ROAD
VERO BEACH, FL 32963

**DO NOT WRITE
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, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JESTER, JUDITH A 913 BAHIA MAR ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, BRENDA MRS. 911 BAHIA MAR RD. VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, JAMES MR. 909 BAHIA MAR RD. VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/05-80061-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: Judith A. Jester **3-16-2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #