2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90017 050 ****61.25

DOCUMENT # N05000000183

1. Entity Name
SILVER SANDS ASSOCIATION, INC.

Principal Place of Business
4030 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

Mailing Address
4030 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

01102008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2107720 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STARR, CHARLES L III
4030 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | Zip Code

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, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	STARR, LARRY	
STREET ADDRESS	4030 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	

TITLE	VP	☒ Delete
NAME	LA SOTA, DENNIS	
STREET ADDRESS	4030 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	

TITLE	ST	☒ Delete
NAME	TERBEEK, THOMAS	
STREET ADDRESS	4030 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	(P)	☐ Change ☐ Addition
NAME	MARY JANE GOLDTHWAITE	
STREET ADDRESS	4030 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	

TITLE	(VP)	☑ Change ☐ Addition
NAME	- KATHLEEN SHANLEY	
STREET ADDRESS	4030 GULF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	

TITLE	(ST)	☑ Change ☐ Addition
NAME	- GAIL LOEFGREN	
STREET ADDRESS	4030 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	

TITLE	(D)	☐ Change ☐ Addition
NAME	LARRY STARR	
STREET ADDRESS	4030 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY, FL. 34228	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: CHARLES L STARR DIRECTOR — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1-11-2008 — Date — 941 329 2000 — Daytime Phone #