

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90021 008 ****61.25

60013957



01112006 Chg-NP CR2E037 (11/05)

4. FEI Number **06-1768296** Applied For
Not Applicable

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

DOCUMENT # N05000004989

1. Entity Name
SANDY TOES TOWNHOUSES CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
6810 MIDNIGHT PASS RD.
SARASOTA, FL 34242

Mailing Address
6810 MIDNIGHT PASS RD.
SARASOTA, FL 34242

2. Principal Place of Business

3. Mailing Address

2558 MARBLEHEAD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SARASOTA, FL

Zip

Country

Zip

Country

34231

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMANSKI, KATHEY
6810 MIDNIGHT PASS RD.
SARASOTA, FL 34242

Name

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

2558 MARBLEHEAD DR.

City

SARASOTA, FL

FL

Zip Code

34231

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

Kathy Schmanski

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-6-06

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHMANSKI, KATHEY
6810 MIDNIGHT PASS RD.
SARASOTA, FL 34242 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
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D
KIRTLEY, WILLIAM F
4803 RIVERWOOD AVE.
SARASOTA, FL 34231 ☒ Delete

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JOE LENZA
5861 FERRARA DR.
SARASOTA, FL 34238 ☒ Change ☐ Addit

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KIRTLEY, PHYLLIS A
4803 RIVERWOOD AVE.
SARASOTA, FL 34231 ☐ Delete

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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 Kestler