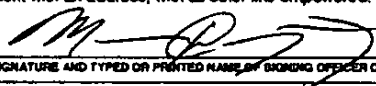


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State

05-02-2006 90173 043 ****61.25

DOCUMENT # N05000009347 1. Entity Name SANDY CAY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 544 1ST AVENUE SOUTH NAPLES FL 34102		Mailing Address 544 1ST AVENUE SOUTH NAPLES FL 34102	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 745 12TH AVE. S. AA NAPLES, FL 34102 Suite, Apt. #, etc. City & State Zip	
Country Collian		4. FEI Number 20-3556243 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, KENNETH R 4001 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name MOORE PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 745 12TH AVE. S. → AA City NAPLES FL Zip Code 34102	
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 reappointing)			
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	D DOUGHERTY, F. MICHAEL ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOUGHERTY, F. MICHAEL	NAME	
STREET ADDRESS	544 1ST AVENUE SOUTH	STREET ADDRESS	
CITY- ST- ZIP	NAPLES, FL 34102	CITY- ST- ZIP	
TITLE	D LOCKWOOD, STEPHEN J ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOCKWOOD, STEPHEN J	NAME	
STREET ADDRESS	27 CONGRESS STREET SUITE 108	STREET ADDRESS	
CITY- ST- ZIP	SALEM, MA 01970	CITY- ST- ZIP	
TITLE	D JOHNSON, KENNETH R ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHNSON, KENNETH R	NAME	
STREET ADDRESS	4001 TAMiami TRAIL NORTH SUITE 300	STREET ADDRESS	
CITY- ST- ZIP	NAPLES, FL 34103	CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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:  Michael Dougherty 3/2/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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03022006 Chg-NP CR2E037 (11/05)