

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009347

FILED
Apr 23, 2009
Secretary of State

Entity Name: SANDY CAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

544 1ST AVENUE SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

745 12TH AVE SOUTH
AA
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-3556243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOURE PROPERTY MANAGEMENT
745 12TH AVE SOUTH
AA
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOUGHERTY, F. MICHAEL
Address: 544 1ST AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: LOCKWOOD, STEPHEN J
Address: 27 CONGRESS STREET SUITE 108
City-St-Zip: SALEM, MA 01970

Title: D () Delete
Name: JOHNSON, KENNETH R
Address: 4001 TAMIAMI TRAIL NORTH SUITE 300
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DONLEAVY, JOHN
Address: 255 SPRUCE LANE
City-St-Zip: DORSET, VT 05251

Title: ST (X) Change () Addition
Name: JOHNSON, KENNETH R
Address: 4001 TAMIAMI TR. N., STE 300
City-St-Zip: NAPLES, FL 34103

Title: ST (X) Change () Addition
Name: DOUGHERTY, MICHAEL
Address: 9 ATLANTIC AVE.
City-St-Zip: MARBLEHEAD, MA 01945

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DONLEAVY

P

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date