

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012524

FILED
Feb 04, 2009
Secretary of State

Entity Name: SAND REEF CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

20 NORTH EOLA RD.
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 648
CAPE CANAVERAL, FL 329200648

New Mailing Address:

FEI Number: 20-4168610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABOVITZ, DAVID
20 NORTH EOLA DR
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

RAILEY & HARDING, P.A.
20 NORTH EOLA DR
ORLANDO, FL 32801 US

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: ROBERT L. HARDING

02/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARROLL, DUNN
Address: PO BOX 648
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VD () Delete
Name: CAMPBELL, CAROL
Address: PO BOX 648
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SD () Delete
Name: CARROLL, DEBORAH
Address: PO BOX 648
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TD (X) Delete
Name: PHELPS, ANNE
Address: PO BOX 648
City-St-Zip: CAPE CANAVERAL, FL 32920 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: CAMPBELL, CAROL
Address: PO BOX 648
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAROL W. CAMPBELL

VTD

02/04/2009

Electronic Signature of Signing Officer or Director

Date