

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006238

FILED
Apr 29, 2009
Secretary of State

Entity Name: SAND ISLES II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

206 GULF BLVD.
INDIAN ROCKS BCH, FL 33785

New Principal Place of Business:

Current Mailing Address:

206 GULF BLVD.
INDIAN ROCKS BCH, FL 33785

New Mailing Address:

FEI Number: 26-2084558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHRS, DENIS A
2575 ULMERTON RD., #210
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

COHRS, DENIS A
1901 ULMERTON RD., SUITE 425
CLEARWATER, FL 33762 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: _____

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHELTON, JOHN D
Address: 46 SHELTON LANE
City-St-Zip: MONTGOMERY CITY, MO 63361

Title: STD () Delete
Name: SHELTON, MARY A
Address: 46 SHELTON LANE
City-St-Zip: MONTGOMERY CITY, MO 63361

Title: D () Delete
Name: SHELTON, LISA
Address: 46 SHELTON LANE
City-St-Zip: MONTGOMERY CITY, MO 63361

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOHN D. SHELTON

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date