

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08401

FILED  
May 06, 2009  
Secretary of State

**Entity Name:** SANDFIRES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

405 ADAMS AVE.  
CAPE CANAVERAL, FL 329207346

**New Principal Place of Business:**

405 ADAMS AVE.  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

200 NORTH FIRST ST.  
COCOA BEACH, FL 32931

**New Mailing Address:**

**FEI Number:** 59-2566495      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RIGERMAN, MARILYN A  
200 NORTH FIRST ST.  
COCOA BEACH, FL 32931      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: DEAN, NANCY  
Address: 405 ADAMS AVENUE S  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DS      ( ) Delete  
Name: BRUDLEY, ROBERT  
Address: 405 ADAMS AVE  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TD      ( ) Delete  
Name: RIGERMAN, MARILYN  
Address: 405 ADAMS AVE.#12  
City-St-Zip: CAPE CANAVERAL, FL 32920

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: DEAN, NANCY  
Address: 405 ADAMS AVENUE S  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DP      (X) Change ( ) Addition  
Name: BRADLEY, ROBERT  
Address: 405 ADAMS AVE  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TDS      (X) Change ( ) Addition  
Name: RIGERMAN, MARILYN  
Address: 200 NORTH FIRST  
City-St-Zip: COCOA BEACH, FL 32931

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: MARILYN A. RIGERMAN

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05/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date