

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90061 028 \*\*\*\*70.00

**DOCUMENT # N09217**

1. Entity Name

**SAND DOLLAR CONDOMINIUM ASSOCIATION OF SOUTH  
MELBOURNE BEACH, INC.**



Principal Place of Business

**4205 S. A1A, UNIT A  
MELBOURNE BEACH FL 32951  
US**

Mailing Address

**4205 S. A1A, UNIT A  
MELBOURNE BEACH FL 32951  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

**59-2775685**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, RON  
18250 SW 88 PLACE  
MIAMI FL 33157**

Name: **ROBERT LEE SIPES, JR**

Street Address (P.O. Box Number is Not Acceptable)

**4205 S. A1A, UNIT A**

City: **MELBOURNE BEACH**

FL

Zip Code: **32951**

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: *Robert Lee Sipes, Jr.* **PRESIDENT**

Signature, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

TITLE: **SD** ☐ Delete  
NAME: **SOELL, CINDY**  
STREET ADDRESS: **4205 S A1A UNIT B**  
CITY-ST-ZIP: **MELBOURNE BCH FL 32951**

TITLE: **D** ☐ Delete  
NAME: **DEANGELIS, PAUL**  
STREET ADDRESS: **4205 S A1A UNIT D**  
CITY-ST-ZIP: **MELBOURNE BEACH FL 32951**

TITLE: **PD** ☐ Delete  
NAME: **SIPES, ROBERT**  
STREET ADDRESS: **4205 S. A1A, UNIT A**  
CITY-ST-ZIP: **MELBOURNE BEACH FL 32951**

TITLE: **TD** ☐ Delete  
NAME: **WILLIAMS, RON**  
STREET ADDRESS: **18250 S.W. 88 PLACE**  
CITY-ST-ZIP: **MIAMI FL 33157**

TITLE: **D** ☒ Delete  
NAME: **SOELL, JEFF**  
STREET ADDRESS: **4205 S A1A UNIT B**  
CITY-ST-ZIP: **MELBOURNE BEACH FL 32951**

TITLE: **D** ☒ Delete  
NAME: **WILLIAMS, GAIL**  
STREET ADDRESS: **4205 S A1A UNIT L**  
CITY-ST-ZIP: **MELBOURNE BEACH FL 32951**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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NAME: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **ROBERT LEE SIPES, JR, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #