

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90145 041 \*\*\*\*61.25

**DOCUMENT # N10838**

1. Entity Name

**SANDY SHORES HOME OWNERS ASSOCIATION INC.**



Principal Place of Business

**4790 SANDY SHORE DRIVE  
ORLANDO FL 32810  
US**

Mailing Address

**4790 SANDY SHORE DRIVE  
ORLANDO FL 32810  
US**

2. Principal Place of Business

*SAME*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Orlando, FLA*

City & State

*FL*

Zip

*32810*

Country

*U.S.A*

Zip

*32810*

Country

*U.S.A*



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2607156**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, EDITH M.**

**4790 SANDY SHORES DRIVE  
ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name *DORTH A DAVEY*

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

*4761 Sandy Shores Dr.*

City

*Orlando*

FL

Zip Code

*32810*

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

*Edith M. Smith*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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	PD	<input type="checkbox"/> Delete
NAME	DAVEY, DORTHA	
STREET ADDRESS	4759 SANDY SHORE DR.	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAILEY, CLIFFORD	
STREET ADDRESS	4738 SANDY SHORES DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WHITE, FERNE	
STREET ADDRESS	4747 SANDY SHORE DR.	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, EDITH	
STREET ADDRESS	4790 SANDY SHORES DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALLAS, RICHARD	
STREET ADDRESS	4797 SANDY SHORES DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SAME</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>''</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>''</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>''</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>''</i>	
STREET ADDRESS		
CITY-ST-ZIP		

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:

**SIGNATURE REQUIRED** *Edith M. Smith, Edith M. Smith*

*407-298-2416*

CR2E037 (10/02)