


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90060 011 \*\*\*\*61.25

<b>DOCUMENT # N13225</b> 1. Entity Name <b>SAND DOLLAR VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>731 W ELKAM CIRCLE MARCO ISLAND, FL 34145</b>			Mailing Address <b>PO BOX 505 MARCO ISLAND, FL 33937</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2832389</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SAFE HARBOR PROPERTY MGMT. 233 N. COLLIER BLVD. MARCO ISLAND, FL 34145</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LICASTRO, JOHN		NAME	John Lachner	
STREET ADDRESS	1 NORTH DR.		STREET ADDRESS	731 W. Elkcam Circle # A-108	
CITY-ST-ZIP	PLANDOME, NY 110301416		CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	TS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKEY, PHILIP J		NAME		
STREET ADDRESS	2243 W. 113TH PL		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, SR J L		NAME	Ellis, Jr, SR	
STREET ADDRESS	2 RANDOLPH STREET		STREET ADDRESS	2 Randolph Street	
CITY-ST-ZIP	LYNDORA, PA 16045		CITY-ST-ZIP	Lyndora, PA 16045	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIBATTISTA, AMERICO		NAME		
STREET ADDRESS	PO BOX 629		STREET ADDRESS		
CITY-ST-ZIP	FORESTDALE, MA 02644		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAISER, KEITH		NAME		
STREET ADDRESS	4951 E. 3RD B ROAD		STREET ADDRESS		
CITY-ST-ZIP	BREMEN, IN 46506		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSCIA, MARIE		NAME	Coscia, Maria	
STREET ADDRESS	34 PALISADES RD		STREET ADDRESS	34 Palisades Rd.	
CITY-ST-ZIP	PATTERSON, NY 12563		CITY-ST-ZIP	Patterson, NY 12563	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>4/15/05</b> Daytime Phone #: <b>239-898-2972</b>		