

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

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90054 014 ****61.25

DOCUMENT # N15940

1. Entity Name

**SILVER SANDS CONDOMINIUM ASSOCIATION OF
BREVARD, INC.**



Principal Place of Business

**295 HWY A1A
SATELLITE BEACH FL 32937**

Mailing Address

**6939 N. WICKHAM RD
MELBOURNE FL 32940**

00016786



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2845694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEWART, FRANCIS M CPA
6939 N. WICKHAM RD
MELBOURNE FL 32940**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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
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	D	<input type="checkbox"/> Delete
NAME	TARKINGTON, LYN	
STREET ADDRESS	297 HWY A1A	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CALCAGNI, JOHN	
STREET ADDRESS	297 HWY A1A	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REGES, PATRICIA	
STREET ADDRESS	295 HWY A1A #308	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STUBBS, CAROL	
STREET ADDRESS	297 HWY A1A	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	P	<input type="checkbox"/> Delete
NAME	SIMILO, ROBERT	
STREET ADDRESS	295 HWY A1A	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE GOFF	
STREET ADDRESS	297 HWY A1A	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUE MILLER	
STREET ADDRESS	795 LOGGERHEAD ISLAND WAY	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	BSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORETTA SAYLES	
STREET ADDRESS	297 HWY A1A	
CITY-ST-ZIP	SATELLITE BEACH 32937	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY BONHOMME	
STREET ADDRESS	295 HWY A1A	
CITY-ST-ZIP	SATELLITE BEACH 32937	
TITLE	RECEIVED DUERA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	295 HWY A1A	
STREET ADDRESS	SATELLITE BEACH 32937	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Raymond F. Bonhomme Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-05 321-674-8163