

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90074 001 ****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
**295 HWY A1A
SATELLITE BEACH, FL 32937**

40002223



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-2845694

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHUMACHER, KATHY
297 HWY A1A
SATELLITE BEACH, FL 32937**

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

**Filing Fee is \$61.25
Due by May 1, 2008.**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BOSTWICK, CHUCK
295 HWY A1A
SATELLITE BEACH, FL 32937** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
RING, BUD
297 HWY A1A
SATELLITE BEACH, FL 32937** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SCHUMACHER, KATHY
297 HWY A1A
SATELLITE BEACH, FL 32937** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WATKINS, DOROTHY
297 HWY A1A
SATELLITE BEACH, FL 32937** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIMILO, BOB
295 HWY A1A
SATELLITE BEACH, FL 32937** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
RUTH KINNEY
297 HWY A1A
SATELLITE BEACH, FL 32937** ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.
BEN CRUMP
295 HWY A1A
SATELLITE BEACH, FL 32937** ☒ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kathy Schumacher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-08

321-773-9561

Date

Daytime Phone #