2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N15940

Entity Name: SILVER SANDS CONDOMINIUM ASSOCIATION OF BREVARD, INC.

Current Principal Place of Business:

295 HWY A1A
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

295 HWY A1A
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-2845694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BOSTWICK, CHUCK
Address: 295 HWY A1A
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VD ( ) Delete
Name: KINNEY, RUTH
Address: 297 HWY A1A
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD ( ) Delete
Name: SCHUMCHER, KATHY
Address: 297 HWY A1A
City-St-Zip: SATELLITE BEACH, FL 32937

Title: TD ( ) Delete
Name: WATKINS, DOROTHY
Address: 297 HWY A1A
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: CRUMP, BEN
Address: 295 HWY AIA
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY WATKINS TREA 02/12/2009
Electronic Signature of Signing Officer or Director — Date