

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

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N17361

1. Entity Name

SANDALS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O JUDITH MEHARRY
156 BROOKMEADE DR.
PITTSBURGH PA 15237

Mailing Address

C/O JUDITH MEHARRY
156 BROOKMEADE DR.
PITTSBURGH PA 15237

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

59-2734929

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEHARRY, JUDITH
SANDALS CONDO ASSOC
3397 WEST GULF DRIVE UNIT "B"
SANIBEL FL 33957

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	PD	<input type="checkbox"/> Delete
NAME	MENKE, JOANNE	
STREET ADDRESS	1097 RAVINE RIDGE	
CITY- ST- ZIP	WORTHINGTON OH 43085	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCNAMARA, MARY	
STREET ADDRESS	18711 LEGENDS CLUB CIRCLE	
CITY- ST- ZIP	PRIOR LAKE MN 55372	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KROTINE, ANITA	
STREET ADDRESS	17441 HAWKSVIEW LANE	
CITY- ST- ZIP	CHAGRIN FALLS OH 44023	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MEHARRY, JUDITH	
STREET ADDRESS	156 BROOKMEADE DR.	
CITY- ST- ZIP	PITTSBURG PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judith Meharry JUDITH MEHARRY

2-7-05 239-472-8920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #