

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 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**



02202007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MENKE, JOANNE  
1097 RAVINE RIDGE  
WORTHINGTON, OH 43085**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
MCNAMARA, MARY  
18711 LEGENDS CLUB CIRCLE  
PRIOR LAKE, MN 55372**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
KREDER, LAURA  
109 CANNON RD.  
WILTON, CT 06897**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
MEHARRY, JUDITH  
156 BROOKMEADE DR.  
PITTSBURGH, PA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000747843  
05/17/07-80043-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Judith Meharry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-27-07 239-412-8920*

Date

Daytime Phone #