


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N17361 1. Entity Name SANDALS CONDOMINIUM ASSOCIATION, INC.	
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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
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02262008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2734929	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000904272 05/01/08-80006-007 61.25
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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	

**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* **JUDITH MEHARRY** 4-15-08 239-472-8920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #