

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 02, 2007
Secretary of State**

DOCUMENT# N19707

Entity Name: SILVER SANDS PROPERTY OWNERS ASSOCIATION OF VERO BEACH, INC.**Current Principal Place of Business:**2260 SILVER SANDS CT
VERO BEACH, FL 32963 US**New Principal Place of Business:****Current Mailing Address:**2925 CARDINAL DR.
SUITE C
VERO BEACH, FL 32963 US**New Mailing Address:****FEI Number:** 65-0052488 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCENERNEY, PATRICIA
C/O BREFFNI MANAGEMENT
2925 CARDINAL DR.
VERO BEACH, FL 32963 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: T () Delete
Name: HAIGNEY, JAMES P
Address: 2280 SILVER SANDS CT.
City-St-Zip: VERO BEACH, FL 32963Title: P () Delete
Name: COCHRANE, ELIZABETH
Address: 2265 SILVER SANDS COURT
City-St-Zip: VERO BEACH, FL 32963Title: S () Delete
Name: CALDWELL, SHELLY
Address: 2260 SILVER SANDS COURT
City-St-Zip: VERO BEACH, FL 32963Title: AS () Delete
Name: MCENERNEY, PATRICIA
Address: 2925 ACRDINAL DR.
City-St-Zip: VERO BEACH, FL 32963Title: D () Delete
Name: INGRAVALLO, MARIA
Address: 2200 SILVER SANDS CT.
City-St-Zip: VERO BEACH, FL 32963**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: S (X) Change () Addition
Name: COCHRANE, ELIZABETH
Address: 2265 SILVER SANDS COURT
City-St-Zip: VERO BEACH, FL 32963Title: P (X) Change () Addition
Name: CALDWELL, SHELLY
Address: 2260 SILVER SANDS COURT
City-St-Zip: VERO BEACH, FL 32963Title: () 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: PATRICIA MCENERNEY

AS

08/02/2007

Electronic Signature of Signing Officer or Director_____
Date