

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # N32174

1. Entity Name
SANDGLASS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2975 OVERSEAS HWY
MARATHON, FL 33050 US**

Mailing Address

**2975 OVERSEAS HWY
MARATHON, FL 33050 US**



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3682174

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, ROBERT K.
2975 OVERSEAS HIGHWAY
MARATHON, FL 33050**

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000862968
04/03/08-80072-013 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DELANEY, JOAN
74980 OVERSEAS HWY
ISLAMORADA, FL 33036**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROBERTSON, SUSAN B
74980 OVERSEAS HWY
ISLAMORADA, FL 33036**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
DELANEY, TIMOTHY
74980 OVERSEA HIGHWAY
ISLAMORADA, FL 33036**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Joan Delaney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-08
Date

516-325-0037
Daytime Phone #