

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2007 08:00 A
Secretary of State

DOCUMENT # N96000003004	
1. Entity Name THE ATLANTIC SAND DOLLAR BEACH CLUB OWNERS ASSOCIATION, INC.	

Principal Place of Business 843 24TH AVENUE NEW SMYRNA BEACH, FL 32169	Mailing Address 4175 S. ATLANTIC AVENUE STE. 115 NEW SMYRNA BEACH, FL 32169
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08222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHERER, JOYCE 4175 S. ATLANTIC AVENUE STE. 115 NEW SMYRNA BEACH, FL 32169
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**DO NOT WRITE
IN THIS SPACE**

7. 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 reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by September 14, 2007**

8. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FRANK, EDWARD 832 24TH AVE NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOONEY, SHARON P.O. BOX 96 NEW SMYRNA BEACH, FL 32170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HINKLEY, PATRICIA 110 SRPING GLEN DR DEBARY, FL 32713
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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**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:

Sharon Mooney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/07
Date

386
427-5252
Daytime Phone #