

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003004

FILED  
Feb 26, 2009  
Secretary of State

**Entity Name:** THE ATLANTIC SAND DOLLAR BEACH CLUB OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

843 24TH AVENUE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

4175 S. ATLANTIC AVENUE  
STE. 115  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHERER, JOYCE  
4175 S. ATLANTIC AVENUE  
STE. 115  
NEW SMYRNA BEACH, FL 32169 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: PD ( ) Delete  
Name: MOONEY, SHARON  
Address: P.O. BOX 96  
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: VD ( ) Delete  
Name: HINKLEY, PATRICIA  
Address: 110 SRPING GLEN DR  
City-St-Zip: DEBARY, FL 32713

Title: T ( ) Delete  
Name: REED, CHRIS MR  
Address: 1226 TRENTWOOD CT  
City-St-Zip: HEATHROW, FL 32174

Title: S ( ) Delete  
Name: MACHON, ROBIN  
Address: 22 PINE ASH LANE  
City-St-Zip: PALM COAST, FL 32164

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) 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: JOYCE SCHERER

MANA

02/26/2009

Electronic Signature of Signing Officer or Director

Date