

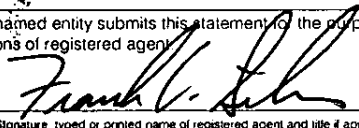
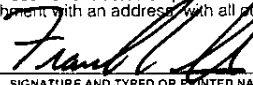


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90003 025 ****61.25

DOCUMENT # N99000005228 1. Entity Name SAND ISLES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 220 GULF BLVD UNIT G INDIAN ROCKS BEACH, FL 33785			Mailing Address 220 GULF BLVD UNIT G INDIAN ROCKS BEACH, FL 33785		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 201 E. Kennedy Blvd. Ste 1111		 01192006 Chg-NP CR2E037 (11/05)	
City & State Tampa, FL		City & State Tampa, FL			
Zip 33602		Zip Hillsborough			
Country Hillsborough		Country Hillsborough			
6. Name and Address of Current Registered Agent SHELTON, JOHN 220 GUL BLVD UNIT A INDIAN ROCKS BEACH, FL 33785				7. Name and Address of New Registered Agent Name Frank C. Silcox Street Address (P.O. Box Number is Not Acceptable) 201 E. Kennedy Blvd. Ste 1111 City Tampa FL Zip Code 33602	
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  Frank C. Silcox 2-9-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHELTON, MARY ANN 220 GULF BLVD INDIAN ROCKS BEACH, FL 33785	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Frank C. Silcox 201 E. Kennedy Blvd., Ste 1111 Tampa, FL 33602		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHELTON, DOUGLAS 342 SUNWARD O FALLON, MO 63366	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Vince Pennino 5010 W. Kennedy Blvd., Ste 200 Tampa, FL 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LARKEN, LISA 107 CREEK VIEW PL SAINT CHARLES, MO 63304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Donald A. Jennewein 201 E. Kennedy Blvd., Ste 1111 Tampa, FL 33602		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  Frank C. Silcox 2-9-06 813-209-0004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					