

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N99000005228

1. Entity Name
SAND ISLES CONDOMINIUM ASSOCIATION, INC.



**FILED
Jan 16, 2007 8:00 am
Secretary of State**

01-16-2007 90187 038 ****61.25

20006337



01032007 Chg-NP CR2E037 (12/06)

Principal Place of Business
220 GULF BLVD
UNIT G
INDIAN ROCKS BEACH, FL 33785

Mailing Address
201 E KENNEDY BLVD
STE 1111
TAMPA, FL 33602

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3629606

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILCOX, FRANK C
201 E KENNEDY BLVD
STE 1111
TAMPA, FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: SILCOX, FRANK C
STREET ADDRESS: 201 E KENNEDY BLVD, STE 1111
CITY-ST-ZIP: TAMPA, FL 33602

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change Addition

TITLE: VD
NAME: PENNINO, VINCE
STREET ADDRESS: 5010 W KENNEDY BLVD, STE 200
CITY-ST-ZIP: TAMPA, FL 33602

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE: TS
NAME: JENNEWIN, DONALD A
STREET ADDRESS: 201 E KENNEDY BLVD, STE 1111
CITY-ST-ZIP: TAMPA, FL 33602

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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Change Addition

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 1-5-07

813/209-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #