

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736064 (7)

1. Corporation Name

SANDS POINT CONDOMINIUM II, INC.



Principal Place of Business

8361 SANDS POINT BLVD.
TAMARAC FL 33321

Mailing Address

8361 SANDS POINT BLVD.
TAMARAC FL 33321

3. Date Incorporated or Qualified
06/10/1976

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1725394

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMEL, HY
8301 SANDS POINT BLVD
TAMARAC FL 33321

81

Name

Arnold Allison

82

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

8390 Sands Pt. Blvd.

83

Apt. F-102

84

City

Tamarac, Fla.

FL

85

Zip Code

33321

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

6/13/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
ALLISON, ARNOLD
8390 SANDS POINT BLVD.
TAMARAC FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPD
RITZ, MORTIMER
8350 SANDS POINT BLVD
TAMARAC FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
ZERN, FAY
8390 SANDS POINT BLVD
TAMARAC FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
ZIMMERMAN, ROY
8350 SANDS POINT BLVD
TAMARAC FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
GRODEN, MINNIE
8350 SANDS POINT BLVD.
TAMARAC FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Arnold Allison

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SD ☒ Change ☐ Addition

Dana McGowan
8390 Sands Pt. Blvd.
Tamarac, Fla.

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TD ☒ Change ☐ Addition

Inez Anthony
8390 SANDS Pt. Blvd.
Tamarac, Fla.

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500001873215 ☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Inez Anthony

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

721-4634

Daytime Phone #

CR2E037 (12/95)