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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 750810 (4)

1. Corporation Name

SANDPOINTE BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
19800 SANDPOINTE BAY DR. BOX A TEQUESTA FL 33469	19800 SANDPOINTE BAY DR. BOX A TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1980
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2237923 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

WIELER, ELAINE
1061 E. INDIANTOWN RD.
SUITE 316
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	Secretary/Director	☑ Change ☐ Addition
NAME	ANDERSON, MARY	1.2 NAME		
STREET ADDRESS	19800 US HWY 1 #609	1.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL	1.4 CITY-ST-ZIP		
TITLE	~~VPD~~	2.1 TITLE	President/Director	☑ Change ☐ Addition
NAME	PHELPS, JAMES F	2.2 NAME		
STREET ADDRESS	19800 US HWY 1 ~~#210~~	2.3 STREET ADDRESS	#512	
CITY-ST-ZIP	TEQUESTA FL	2.4 CITY-ST-ZIP		
TITLE	~~SD~~	3.1 TITLE	Vice President/Director	☑ Change ☐ Addition
NAME	REEDY, RICHARD R.	3.2 NAME		
STREET ADDRESS	19800 US HWY 1 #109	3.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	Treasurer, Director	☐ Change ☑ Addition
NAME	~~WILKINSON, R. L.~~	4.2 NAME	Howard Buttrick	
STREET ADDRESS	19800 US HWY 1 #206	4.3 STREET ADDRESS	19800 US One #708	
CITY-ST-ZIP	TEQUESTA FL	4.4 CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	D	5.1 TITLE	Director	☐ Change ☑ Addition
NAME	~~GHREINER, MARLIN~~	5.2 NAME	Michael Cushing	
STREET ADDRESS	19800 US HWY 1 #501	5.3 STREET ADDRESS	19800 US One #207	
CITY-ST-ZIP	TEQUESTA FL	5.4 CITY-ST-ZIP	Tequesta, FL 33469	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(i), 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: X _____ 2/5/95 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012003