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NONPROFIT CORPORATION ANNUAL REPORT
1996

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 01/28/1980	3a. Date of Last Report: 03/01/1995
21	26 Sandpointe Bay	4. FEI Number: 59-2237923	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Bristol Mgmt Svc, Inc	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Jupiter, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 33477 / Country 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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: Nadine Inglis
82 Street Address (P.O. Box Number is Not Acceptable): c/o Bristol Mgmt. Svc., Inc.
83: 103 S. US 1, FS-135
84 City: Jupiter FL 85 Zip Code: 33477

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: Nadine Inglis 3/13/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANDERSON, MARY 19800 US HWY 1 #609 TEQUESTA FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PHELPS, JAMES F 19800 US HWY 1 #512 TEQUESTA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD REEDY, RICHARD R. 19800 US HWY 1 #109 TEQUESTA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BUTTRICK, HOWARD 19800 US HWY 1 #206 TEQUESTA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CESTONE, MICHAEL 19800 US HWY 1 #207 TEQUESTA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

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: X Howard C. Buttrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #