


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY -3 PM 6:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|---|
| DOCUMENT # 759071 1. Entity Name SANDS POINT HOMEOWNERS ASSOCIATION, INC. |  |
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|--|--|
| Principal Place of Business 1167 OCEAN SHORE BLVD ORMOND BEACH, FL 32176 | Mailing Address 1167 OCEAN SHORE BLVD ORMOND BEACH, FL 32176 |
|--|--|

DO NOT WRITE IN THIS SPACE



04052004 No Chg-NP CR2E037 (10/03) 04

| | |
|-----------------------------|--|
| 4. FEI Number 59-2254593 | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

A1A TAX & BOOKKEEPING, INC
 55 LONGWOOD DRIVE
 ORMOND BEACH, FL 32176

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000035727810
 05/06/04--01081--003 **61.25

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | PD |
| NAME | WARE, JERRY |
| STREET ADDRESS | 1347 ARDEN DRIVE |
| CITY-ST-ZIP | MARIETTA, GA 30008 |
| TITLE | STD |
| NAME | LUCAS, DAVE |
| STREET ADDRESS | 2221 TANGLEWOOD RD |
| CITY-ST-ZIP | DECATUR, GA 30033 |
| TITLE | VPD |
| NAME | ERICSON, BARBARA |
| STREET ADDRESS | 2314 W. SUGAR CREEK DRIVE |
| CITY-ST-ZIP | LAKELAND, FL 33811 |
| TITLE | D |
| NAME | EVENSON, EDNA |
| STREET ADDRESS | 1167 OCEAN SHORE DRIVE |
| CITY-ST-ZIP | ORMOND BEACH, FL 32176 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sherry Ellis Date: 4-8-04 Daytime Phone #: 386-441-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry Ellis Registered Agent