


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90306 004 ****61.25

DOCUMENT # 759071
 1. Entity Name
SANDS POINT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
1167 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176

Mailing Address
1167 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

20038887



04142005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2254593

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
A1A TAX & BOOKKEEPING, INC
55 LONGWOOD DRIVE
ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent
 Name **Susan Glad Bookkeeping LLC**
 Street Address (P.O. Box Number is Not Acceptable)
151 Grandy Hills Dr.
 City **Port Orange** FL Zip Code **32129**

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 *Susan Glad* **Susan Glad bookkeeper/agent 4-14-2005**
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, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	SHEPPARD, JO	1167 OCEAN SHORE BLVD #7	ORMOND BEACH, FL 32176	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	LUCAS, DAVE	2221 TANGLEWOOD RD	DECATUR, GA 30033	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	MONAHAN, MARCIA	1167 OCEAN SHORE BLVD #8	ORMOND BEACH, FL 32176	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	POTTS, DIANA	11380 FINDLEY CHASE CT	DULUTH, GA 30097	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Marcia Monahan* **4/18/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #