


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90138 033 \*\*\*\*61.25

|  |                            |  |  |  |  |    |          |
|--|----------------------------|--|--|--|--|----|----------|
| <b>DOCUMENT # 759071</b>   |                            |  |  |         |  |    |          |
| 1. Entity Name<br>SANDS POINT HOMEOWNERS ASSOCIATION, INC.   |                            |  |  |  |  |    |          |
| Principal Place of Business<br>1167 OCEAN SHORE BLVD<br>ORMOND BEACH, FL 32176   |                            |  | Mailing Address<br>1167 OCEAN SHORE BLVD<br>ORMOND BEACH, FL 32176 |  |  |    |          |
| 2. Principal Place of Business - No P.O. Box #   |                            | 3. Mailing Address   |  |  |  |    |          |
| Suite, Apt. #, etc.  |                            | Suite, Apt. #, etc.  |  |  |  |    |          |
| City & State   |                            | City & State   |  |  |  |    |          |
| Zip  | Country                    | Zip  | Country  | 4. FEI Number<br>59-2254593  |  |    |          |
|  |                            |  |  | Applied For<br>Not Applicable  |  |    |          |
|  |                            |  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |    |          |
| 6. Name and Address of Current Registered Agent  |                            |  | 7. Name and Address of New Registered Agent                        |  |  |    |          |
| SUSAN GLAD BOOKKEEPING, LLC<br>157 BRANDY HILLS DRIVE<br>PORT ORANGE, FL 32129   |                            |  | Name   |  |  |    |          |
|  |                            |  | Street Address (P.O. Box Number is Not Acceptable)                 |  |  |    |          |
|  |                            |  | City   |  |  | FL | Zip Code |
|  |                            |  |  |  |  |    |          |
| 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____  |                            |  |  |  |  |    |          |
| Filing Fee is \$61.25 Due by May 1, 2007   |                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be Added to Fees  |  |    |          |
|  |                            |  |  | Make check payable to Florida Department of State  |  |    |          |
| 10. OFFICERS AND DIRECTORS   |                            |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10              |  |  |    |          |
| TITLE  | PD                         | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |    |          |
| NAME   | WARE, JERRY                |  | NAME   |  |  |    |          |
| STREET ADDRESS   | 1347 ARDEN DRIVE           |  | STREET ADDRESS   |  |  |    |          |
| CITY-ST-ZIP  | MARIETTA, GA 30008         |  | CITY-ST-ZIP  |  |  |    |          |
| TITLE  | S                          | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |    |          |
| NAME   | LUCAS, DAVE                |  | NAME   |  |  |    |          |
| STREET ADDRESS   | 2221 TANGLEWOOD RD         |  | STREET ADDRESS   |  |  |    |          |
| CITY-ST-ZIP  | DECATUR, GA 30033          |  | CITY-ST-ZIP  |  |  |    |          |
| TITLE  | VPD                        | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |    |          |
| NAME   | ERICSON, BARBARA           |  | NAME   |  |  |    |          |
| STREET ADDRESS   | 2314 W. SUGAR CREEK DRIVE  |  | STREET ADDRESS   |  |  |    |          |
| CITY-ST-ZIP  | LAKELAND, FL 33811         |  | CITY-ST-ZIP  |  |  |    |          |
| TITLE  | D                          | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |    |          |
| NAME   | EVENSON, EDNA              |  | NAME   |  |  |    |          |
| STREET ADDRESS   | 1167 OCEAN SHORE DRIVE     |  | STREET ADDRESS   |  |  |    |          |
| CITY-ST-ZIP  | ORMOND BEACH, FL 32176     |  | CITY-ST-ZIP  |  |  |    |          |
| TITLE  | D                          | <input type="checkbox"/> Delete  | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |  |    |          |
| NAME   | SHEPPARD, JB               |  | NAME   | T/D SHEPPARD, JO   |  |    |          |
| STREET ADDRESS   | 1167 OCEAN SHORE BLVD # 7  |  | STREET ADDRESS   | 1167 OCEAN SHORE BLVD # 7  |  |    |          |
| CITY-ST-ZIP  | ORMOND BEACH, FL 32176     |  | CITY-ST-ZIP  | ORMOND BEACH, FL 32176   |  |    |          |
| TITLE  | T                          | <input type="checkbox"/> Delete  | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |  |    |          |
| NAME   | MONAHAN, MARCIA            |  | NAME   | D MONAHAN, MARCIA  |  |    |          |
| STREET ADDRESS   | 1167 OCEAN SHORE BLVD. # 8 |  | STREET ADDRESS   | 1167 OCEAN SHORE BLVD # 8  |  |    |          |
| CITY-ST-ZIP  | ORMOND BEACH, FL 32176     |  | CITY-ST-ZIP  | ORMOND BEACH FL 32176  |  |    |          |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Susan Glad</i>   |                            | Date: <i>4-2-07</i>  |  | Daytime Phone #: <i>386-763-5088</i>   |  |    |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                            | Date   |  | Daytime Phone #  |  |    |          |