

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759071

FILED
Apr 18, 2009
Secretary of State

Entity Name: SANDS POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1167 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

1167 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-2254593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUSAN GLAD BOOKKEEPING, LLC
157 BRANDY HILLS DRIVE
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WARE, JERRY
Address: 1347 ARDEN DRIVE
City-St-Zip: MARIETTA, GA 30008

Title: S () Delete
Name: LUCAS, DAVE
Address: 2221 TANGLEWOOD RD
City-St-Zip: DECATUR, GA 30033

Title: VPD () Delete
Name: ERICSON, BARBARA
Address: 2314 W. SUGAR CREEK DRIVE
City-St-Zip: LAKELAND, FL 33811

Title: D () Delete
Name: EVENSON, EDNA
Address: 1167 OCEAN SHORE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: TD () Delete
Name: SHEPPARD, JD
Address: 1167 OCEAN SHORE BLVD # 7
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: MONAHAN, MARCIA
Address: 1167 OCEAN SHORE BLVD. # 8
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN GLAD

AGNT

04/18/2009

Electronic Signature of Signing Officer or Director

Date