NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759071

1. Entity Name

Sands Point Homeowners' Association, Inc.

DO NOT WRITE IN THIS SPACE

90037798

2. Principal Place of Business	3. Mailing Address
1167 Ocean Shore Blvd.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State
Ormond Beach, FL	

Zip	Country	Zip	Country
32176			

4. FEI Number
59-225 4593

	Applied For
	Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name A1A Bookkeeping, Inc.

Street Address (P.O. Box Number is Not Acceptable)
55 Longwood Drive

City Ormond Beach, FL FL Zip Code 32176

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 _____

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

61.25

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

10. OFFICERS AND DIRECTORS

TITLE		TITLE	
NAME	Jerry Ware PD	NAME	
STREET ADDRESS	1347 Arden Drive	STREET ADDRESS	
CITY-ST-ZIP	Marietta, GA 30008	CITY-ST-ZIP	
TITLE		TITLE	
NAME	Dave Lucas S/TD	NAME	
STREET ADDRESS	2221 Tanglewood Road	STREET ADDRESS	
CITY-ST-ZIP	Decatur, GA 30033	CITY-ST-ZIP	
TITLE		TITLE	
NAME	Barbara Ericson VPD	NAME	
STREET ADDRESS	2314 W. Sugar Creek Drive	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Lakeland, FL 33811	CITY-ST-ZIP	IN THIS SPACE
TITLE		TITLE	
NAME	Edna Evenson D	NAME	
STREET ADDRESS	1167 Ocean Shore Drive	STREET ADDRESS	
CITY-ST-ZIP	Ormond Beach, FL 32176	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ (Jerry C Ware) 1/22/03 7709525678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #