


FILE NOW: FILING FEE IS \$61.25

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**Apr 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26188 (5)
1. Corporation Name
SANDPOINTE PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business 1810 E SANDPOINTE PLACE VERO BEACH FL 32963 US	Mailing Address P.O. BOX 3152 VERO BEACH FL 32964
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3. Date Incorporated or Qualified 04/29/1988	
4. FEI Number 65-0259568	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 4445 N AIA		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 150A		
City & State 23	City & State 28 Vero Beach		
Zip 24	Country 25	Zip 29 FL	Country 30 32963

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DEGER, TOM
1810 E SANDPOINTE PLACE
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

81 Name Camo Services	
82 Street Address (P.O. Box Number is Not Acceptable) 4445 N AIA Ste 150A	
83	
84 City VERO BEACH	85 Zip Code FL 32963

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Paul Palestini DATE: 4/22/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE VPD	NAME DEGER, TOM	<input type="checkbox"/>
STREET ADDRESS 1810 E SANDPOINTE PLACE	CITY - ST - ZIP VERO BEACH FL	
TITLE PD	NAME M McNALLY, ROBERT C	<input type="checkbox"/>
STREET ADDRESS 1850 CUTLASS COVE DR	CITY - ST - ZIP VERO BEACH FL	
TITLE VPD	NAME CONNOLLY, SPIKE	<input type="checkbox"/>
STREET ADDRESS 611 HOLLY RD	CITY - ST - ZIP VERO BEACH FL	
TITLE VPD	NAME NORDIN, SVEN	<input checked="" type="checkbox"/>
STREET ADDRESS 1807 E SANDPOINTE PL	CITY - ST - ZIP VERO BEACH FL	
TITLE SD	NAME LITTLE, JOHN D	<input checked="" type="checkbox"/>
STREET ADDRESS 1010 TOBAGO TERR	CITY - ST - ZIP VERO BEACH FL	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE D	1.2 NAME TOM DEGER		
1.3 STREET ADDRESS 1810 E. SANDPOINTE PLACE	1.4 CITY - ST - ZIP VERO BEACH, FL 32963		
2.1 TITLE	2.2 NAME		
2.3 STREET ADDRESS	2.4 CITY - ST - ZIP		
3.1 TITLE VPS	3.2 NAME CONNOLLY, SPIKE	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS 1614 W. SANDPOINTE PLACE	3.4 CITY - ST - ZIP VERO BEACH, FL 32963		
4.1 TITLE VPD	4.2 NAME JOHN BURNS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS 1811 E. SANDPOINTE PLACE	4.4 CITY - ST - ZIP VERO BEACH, FL 32963		
5.1 TITLE D	5.2 NAME WILLIAM B. ROMAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS 1806 E. SANDPOINTE PLACE	5.4 CITY - ST - ZIP VERO BEACH, FL 32963		
6.1 TITLE	6.2 NAME		
6.3 STREET ADDRESS	6.4 CITY - ST - ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John D. Burns John D. Burns (561) 231-7930

CR2E037 (10/97)