

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90014 003 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N26188

1. Corporation Name
SANDPOINTE PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business
 1810 E SANDPOINTE PLACE
 VERO BEACH FL 32963
 US

Mailing Address
 4445 N A1A
 150A
 VERO BCH FL 32963
 US



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	04/29/1988
22	City & State	City & State	4. FEI Number
	Zip	Zip	65-0259568
23	Country	Country	Applied For
			Not Applicable
24			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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SEROICES, CAMCO 4445 N A1A STE 150A VERO BCH FL 32963	81 Name Tom Deger 82 Street Address (P.O. Box Number is Not Acceptable) 1810 E. Sandpointe Place 83 84 City Vero Beach FL 85 Zip Code 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 *Thomas Deger, Secretary/Treasurer* 7/6/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	S/T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGER, TOM	1.2 NAME	DEGER, TOM
STREET ADDRESS	1810 E SANDPOINTE PLACE	1.3 STREET ADDRESS	1810 E. SANDPOINTE PLACE
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M McNALLY, ROBERT C	2.2 NAME	THURN, MARK
STREET ADDRESS	1850 CUTLASS COVE DR	2.3 STREET ADDRESS	1966 27th Ave
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	VSPT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOLLY, SPIKE	3.2 NAME	BARKHORN, Ed
STREET ADDRESS	1614 W SANDPOINTE PL	3.3 STREET ADDRESS	41 W. SANDPOINTE PLACE
CITY-ST-ZIP	VERO BCH FL 32963	3.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, JOHNNY	4.2 NAME	BURNS, JOHN
STREET ADDRESS	1811 E SANDPOINTE PL	4.3 STREET ADDRESS	1811 E. SANDPOINTE PLACE
CITY-ST-ZIP	VERO BCH FL 32963	4.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAN, WILLIAM B	5.2 NAME	ROMAN, William B.
STREET ADDRESS	1806 E SANDPOINTE PL	5.3 STREET ADDRESS	1806 E. SANDPOINTE PLACE
CITY-ST-ZIP	VERO BCH FL 32963	5.4 CITY-ST-ZIP	VERO BCH FL 32963
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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, with all other like empowered.

SIGNATURE: *Thomas Deger, Secretary/Treasurer* 7/6/99 234-1617
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (5/99)