


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

02-28-2005 90239 004 ****61.25

DOCUMENT # N96000000105

1. Entity Name
SANDY POINTE II OF MANATEE COUNTY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3607 EAST BAY DRIVE
 HOLMES BEACH, FL 34217 US**

Mailing Address
**HOLMES BEACH PROPERTY MANAGEMENT
 P.O. BOX 1607
 HOLMES BEACH, FL 34218 US**

66007215



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02082005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
65-0704352

Applied For
 Not Applicable

Zip Country

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CONDON, THOMAS E
 6400 MANATEE AVE W
 STE G
 BRADENTON, FL 34209**

7. Name and Address of New Registered Agent

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 re-registering) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME SMITH, DAVE	<input type="checkbox"/> Delete
STREET ADDRESS 3607 EAST BAY DRIVE, #112	
CITY-ST-ZIP HOLMES BEACH, FL 342181164	
TITLE NAME MCGRATH, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS 210 84TH STREET	
CITY-ST-ZIP HOLMES BEACH, FL 34217	
TITLE NAME KELLY, SHANNON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3607 EAST BAY DRIVE, #202	
CITY-ST-ZIP HOLMES BEACH, FL 34218	
TITLE NAME EDMONDS, RON	<input type="checkbox"/> Delete
STREET ADDRESS 3607 EAST BAY DR # 211	
CITY-ST-ZIP HOLMES BEACH, FL 34217	
TITLE NAME TRAVIS, MIKE	<input type="checkbox"/> Delete
STREET ADDRESS 3607 EAST BAY DRIVE, #103	
CITY-ST-ZIP HOLMES BEACH, FL 34217	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME REYNALD KOTLAREK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4812 SALT MARSH RD	
CITY-ST-ZIP MADISON MD 21648	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas E. Condon **Tom Condon** 2-23-05 (494) 779-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Frank Edmonds 3/21/05 841 779 2018