

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26188** (5)

1. Corporation Name

SANDPOINTE PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1811 E. SANDPIONTE PLACE
VERO BEACH FL 32964

P.O. BOX 3152
VERO BEACH FL 32964

3. Date Incorporated or Qualified
04/29/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number
65-0259568

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNS, JOHN J
1811 E. SANDPOINTE PLACE
VERO BEACH FL 32963

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

John J. Burns
(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

April 13, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **HAYES, STEPHEN P**
STREET ADDRESS **38 N. BALLOU ST.**
CITY-ST-ZIP **WOONSOCKET RI 02895**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **JOHN J. BURNS**
1.3 STREET ADDRESS **1811 E. SANDPOINTE PLACE**
1.4 CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **SD** ☒ DELETE
NAME **BOYLE, VINCENT J**
STREET ADDRESS **500 AZALEA LANE**
CITY-ST-ZIP **VERO BEACH FL 32963**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **ROBERT C. MCNALLY**
2.3 STREET ADDRESS **901 WINDING RIVER ROAD**
2.4 CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **D** ☐ DELETE
NAME **WHITTEN, JAMES**
STREET ADDRESS **1837 SANDPOINTE PLACE**
CITY-ST-ZIP **VERO BEACH FL 32963**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **CASSATHY, EDWARD JR.**
STREET ADDRESS **955 ALLWOOD RD**
CITY-ST-ZIP **CLIFTON NJ**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 J. Burns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 13, 1996 (407) 231-7930

CR2E037 (12/95)