

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 738804

(4)

1. Corporation Name

THE SANDS OWNERS ASSOCIATION, INC.

Principal Place of Business

299 N. ATLANTIC AVE.
COCOA BEACH FL 32931
US

Mailing Address

5240 N. ATLANTIC AVENUE
COCOA BEACH FL 32931
US



3. Date Incorporated or Qualified
04/22/1977

3a. Date of Last Report
02/13/1995

4. FEI Number
59-1809873

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

TIPPER, TOM D.
5240 N. ATLANTIC AVENUE
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name
Jennifer Noe
82 Street Address (P.O. Box Number is Not Acceptable)
5240 N. Atlantic Ave.
83 Cocoa Beach, FL 32931
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 Jennifer Noe

Signature, typed or printed name of registered agent and title if applicable

(If the Registered Agent signature required when reinstating)

4/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P D
HANDLEY, JIM
3400 OCEAN BEACH, BLVD #713
COCOA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
WINTON, PAMELA
2815 S. ATLANTIC AVENUE, #407
COCOA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Pres D
QUIGLEY, JEAN
299 N. ATLANTIC AVENUE, #505
COCOA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PUMPHREY, JACK
POST OFFICE BOX 320840 N/A
COCOA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
VONBLON, EMIL
209 N. ATLANTIC AVENUE, #505
COCOA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Marry Sloan
[Address]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
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☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
Jennifer Noe
5240 N. Atlantic Ave.
Cocoa Beach, FL 32931
☐ Change ☒ Addition

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:

Jennifer Noe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

407-763-4523

Daytime Phone #

CR2E037 (12/95)