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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

299 N. ATLANTIC AVE.

COCOA BEACH FL 32931

SIGNATURE:

738804

(4)

Mailing Address

5240 N. ATLANTIC AVENUE

COCOA BEACH FL 32931-3771

THE SANDS OWNERS ASSOCIATION, INC.

					3. Date Incorporated or Qualified 04/22/1977	3a. Date of Last Re 05/01/199	
Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1809873	} 	plied For Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75 A Fee Rec	1
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country 25	Z (p	Country 30	/	This corporation has liability for Florida Statutes	intangible tax under s. Yes No	199.032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	agistered Agent	
	NNIFER ATLANTIC AVENUE BEACH FL 32931		81 82 83		ddress (P.O. Box Number is Not Accepta	ble)	
			84	City		FL 85 Zip C	>ode
office or re	o the provisions of Sections 617.050 gistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was	authorized by	y the corpo	orporation submits this statement for the tration's board of directors. I hereby acce	purpose of changing its ept the appointment as	registered registered
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable (NC	TE Registered Ag	ent signature re	quired when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFI		
TITLE	D	DELETE	1.1 TITLE		\mathfrak{D}	Change	Addition
NAME	HANDLEY, JIM	/>	1.2 NAME		RANDY SING		,
STREET ADDRESS 3400 OCEAN BEACH, BLVD #713			1.3 STREE	1 ADDRESS	299 N. ATLANTIC	AVE H 305	
CITY-ST-ZIP	COCOA BEACH FL		1,4 CITY-	1	COCOA BEACH F	2	
THILE	VD	DELETE	2.1 TITLE	91-£11		Change	Addition
NAME	WINTON, PAMELA	7	2.2 NAME		WALTER BROWN	_ •	
ļ	ANAL O ATT ANTIO ANTINUE MANT				ONCIOC DECON	• • •	
STREET ADDRESS	1			T ADDRESS	299 N. ATLANTIC	, 4301	
CITY-SI-ZIP	COCOA BEACH FL	DOLOTO	2.4 CITY- 3.1 TITLE	ST-ZIP	COCOR BEACH &	☐ Change	Addition
THE	PD IEAN					F Citaliye	L Addition
NAME	QUIGLEY, JEAN						
STREET ADDRESS	299 N. ATLANTIC AVENUE,	FOUO	3.3 STREE	T ADDRESS			
CITY - ST - ZIP	COCOA BEACH FL		3.4. CITY-	ST-ZIP			The binse
THILE	DST	☐ DELETE	4.1 TITLE			Change	Addition
NAME	PUMPHREY, JACK		4. 2 NAME				İ
STREET ADDRESS	POST OFFICE BOX 320840 I	N/A	4.3 STREE	T ADDRESS			
CITY-ST-ZIP	COCOA BEACH FL		4.4 CITY-	ST-ZIP			
TITLE	D	DELETE	5.1 TITLE	1		Change	
NAME	VONBLON, EMIL		5.2 NAME				
STREET ADDRESS	209 N. ATLANTIC AVENUE,	₹ 505	5.3 STREE	T ADDRESS			ļ
CITY-ST-ZIP	COCOA BEACH FL	✓	5.4 City-	ST-ZIP			
TITLE	M	DELETE	6.1 TITLE			Change	Addition
NAME	NOE, JENNIFER	/ >	6.2 NAME				
STREET ADDRESS	5340 N. ATLANTIC AVE			T ADDRESS			
	COCOA BEACH FL 32931		6.4 CITY-				
CITY-ST-ZIP	by certify that the information sumplie	d with this filing does not gue	alify for the ex-	emption sta	ated in Section 119.07(3)(i), Florida Statul	tes, I further certify that	the
informatio	n indicated on this annual report or a	supplemental annual report is	strue and acc	curate and t	that my signature shall have the same leg port as required by Chapter 617, Florida	gal effect as if made und	der oath; that