


FILED

Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 32931-3771 US		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip Country			28 Zip Country		
24 25			29 30		
9. Name and Address of Current Registered Agent					
NOE, JENNIFER 5240 N. ATLANTIC AVENUE COCOA BEACH FL 32931				81 Name	
				82 Street Address	
				83	
				84 City	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
13.					
TITLE		D		<input checked="" type="checkbox"/> DELETE	
NAME		HANDLEY, JIM			
STREET ADDRESS		3400 OCEAN BEACH, BLVD #713		1.1 TITLE	
CITY - ST - ZIP		COCOA BEACH FL		1.2 NAME	
TITLE		VD		<input checked="" type="checkbox"/> DELETE	
NAME		WINTON, PAMELA		1.3 STREET ADDRESS	
STREET ADDRESS		2815 S. ATLANTIC AVENUE, #407		1.4 CITY - ST - ZIP	
CITY - ST - ZIP		COCOA BEACH FL		2.1 TITLE	
TITLE		PD		<input type="checkbox"/> DELETE	
NAME		QUIGLEY, JEAN		2.2 NAME	
STREET ADDRESS		299 N. ATLANTIC AVENUE, #505		2.3 STREET ADDRESS	
CITY - ST - ZIP		COCOA BEACH FL		2.4 CITY - ST - ZIP	
TITLE		DST		<input type="checkbox"/> DELETE	
NAME		PUMPHREY, JACK		3.1 TITLE	
STREET ADDRESS		POST OFFICE BOX 320840 N/A		3.2 NAME	
CITY - ST - ZIP		COCOA BEACH FL		3.3 STREET ADDRESS	
TITLE		D		<input type="checkbox"/> DELETE	
NAME		VONBLON, EMIL		3.4 CITY - ST - ZIP	
STREET ADDRESS		209 N. ATLANTIC AVENUE, #505		4.1 TITLE	
CITY - ST - ZIP		COCOA BEACH FL		4.2 NAME	
TITLE		M		<input checked="" type="checkbox"/> DELETE	
NAME		NOE, JENNIFER		4.3 STREET ADDRESS	
STREET ADDRESS		5340 N. ATLANTIC AVE		4.4 CITY - ST - ZIP	
CITY - ST - ZIP		COCOA BEACH FL 32931		5.1 TITLE	
				5.2 NAME	
				5.3 STREET ADDRESS	
				5.4 CITY - ST - ZIP	
				6.1 TITLE	
				6.2 NAME	
				6.3 STREET ADDRESS	
				6.4 CITY - ST - ZIP	



CR2E037 (9/96)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # 0018208