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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738804** (4)

1. Corporation Name

THE SANDS OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**299 N. ATLANTIC AVE.
COCOA BEACH FL 32931
US**

**5240 N. ATLANTIC AVENUE
COCOA BEACH FL 32931
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

3. Date Incorporated or Qualified

04/22/1977

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

**NOE, JENNIFER
5240 N. ATLANTIC AVENUE
COCOA BEACH FL 32931**

81 Name

CHARLES KANE

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

5340 N ATLANTIC AVE

83

84

City **COCOA BEACH**

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

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

CHARLES KANE
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D SINE, RANDY**
STREET ADDRESS **299 N ATLANTIC AVE #305**
CITY-ST-ZIP **COCOA BEACH FL**

TITLE ☐ DELETE

NAME **BROWN, WALTER**
STREET ADDRESS **299 N ATLANTIC AVE #301**
CITY-ST-ZIP **COCOA BEACH FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **D SINE, RANDY**
1.3 STREET ADDRESS **P.O. Box 5651**
1.4 CITY-ST-ZIP **CHULA VISTA, CA**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **V.P. / D BROWN, WALTER**
2.3 STREET ADDRESS **299 N ATLANTIC AVE # 301**
2.4 CITY-ST-ZIP **COCOA BEACH, FL**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **S/T/D QUIGLEY JEAN**
3.3 STREET ADDRESS **299 N. ATLANTIC AVE #505**
3.4 CITY-ST-ZIP **COCOA BEACH FL**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **PD PUMPHREY, JACK**
4.3 STREET ADDRESS **299 N ATLANTIC AVE # 104**
4.4 CITY-ST-ZIP **COCOA BEACH FL 32931**

5.1 TITLE ☐ Change ☐ Addition

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

14. 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 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: *Walter S. Brown* 2/6/98 784 3660

CR2E037 (10/97)