

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90153 027 ****61.25

DOCUMENT # 738804

1. Corporation Name

THE SANDS OWNERS ASSOCIATION, INC.

Principal Place of Business

299 N. ATLANTIC AVE
COCOA BEACH FL 32931
US

Mailing Address

5340 N. ATLANTIC AVE
COCOA BEACH FL 32931
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

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

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KANE, CHARLES
5540 N. ATLANTIC AVENUE
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SINE, RANDY
STREET ADDRESS P. O. BOX 5651
CITY-ST-ZIP CHULA VISTA CA

TITLE VPD ☐ DELETE

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

TITLE STD ☐ DELETE

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

TITLE PD ☐ DELETE

NAME PUMPHREY, JACK
STREET ADDRESS 299 W. ATLANTIC AVE, #104
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE D ☒ DELETE

NAME 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

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PD ☒ Change ☐ Addition

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

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME QUIGLEY, JEAN
3.3 STREET ADDRESS 299 N ATLANTIC AVE #505
3.4 CITY-ST-ZIP COCOA BEACH FL

4.1 TITLE VPD ☐ Change ☐ Addition

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

5.1 TITLE STD ☒ Change ☒ Addition

5.2 NAME HOWE, DAVID
5.3 STREET ADDRESS 299 N ATLANTIC AVE #604
5.4 CITY-ST-ZIP COCOA BEACH FL

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

784-3660

CR2E037 (1/98)

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