

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90061 046 ****61.25

DOCUMENT # 736064

1. Entity Name

SANDS POINT CONDOMINIUM II, INC.



Principal Place of Business

**8361 SANDS POINT BLVD.
TAMARAC FL 33321**

Mailing Address

**8361 SANDS POINT BLVD.
TAMARAC FL 33321**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**JOHNSON, CHARLES
8390 SANDS POINT BLVD
APT F307
TAMARAC FL 33321**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Randy D. Gehrke
RANDY D. GEHRKE
Treasurer

3-17-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: **TD**
NAME: **GEHRKE, RANDY** ☐ Delete
STREET ADDRESS: **8390 SANDS POINT BLVD E 306**
CITY-ST-ZIP: **TAMARAC FL 33321**

TITLE: **VPT** ☒ Delete
NAME: **GLASS, JOEL**
STREET ADDRESS: **8390 SANDS PT BLVD F304**
CITY-ST-ZIP: **TAMARAC FL 33321**

TITLE: **PD** ☐ Delete
NAME: **JOHNSON, CHARLES**
STREET ADDRESS: **8390 SANDS PT. BLVD. F206**
CITY-ST-ZIP: **TAMARAC FL 33321**

TITLE: **ST** ☐ Delete
NAME: **GREENFIELD, SHARON T**
STREET ADDRESS: **8390 SANDS PT BLVD F108**
CITY-ST-ZIP: **TAMARAC FL 33321**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **VICE PRESIDENT** ☐ Change ☒ Addition
NAME: **ROBERT BRYANT**
STREET ADDRESS: **8350 SANDS PT BLVD E105**
CITY-ST-ZIP: **TAMARAC FL 33321**

TITLE: **ISRAEL A MOYA TORO** ☐ Change ☒ Addition
NAME: **8350 SAND PT BLVD F107**
STREET ADDRESS: **TAMARAC FL 33321**
CITY-ST-ZIP: **BOARD MEMBER**

TITLE: **BOARD MEMBER** ☐ Change ☒ Addition
NAME: **BETH POLLACK**
STREET ADDRESS: **8350 SANDS PT BLVD E301**
CITY-ST-ZIP: **TAMARAC FL 33321**

TITLE: **BOARD MEMBER** ☐ Change ☒ Addition
NAME: **DON VERILEIS**
STREET ADDRESS: **8350 SANDS PT BLVD E302**
CITY-ST-ZIP: **TAMARAC FL 33321**

TITLE: **BOARD MEMBER** ☐ Change ☒ Addition
NAME: **JOEL GLASS**
STREET ADDRESS: **8350 SANDS PT BLVD F304**
CITY-ST-ZIP: **TAMARAC FL 33321**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Randy D. Gehrke
RANDY D. GEHRKE

3-17-04

954-724-3692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #