

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90073 014 ****61.25

DOCUMENT # N26188 1. Entity Name SANDPOINTE PROPERTY OWNER'S ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business 1607 W. SANDPOINTE PLACE VERO BEACH, FL 32963 US				Mailing Address P.O. BOX 3152 VERO BEACH, FL 32964 US																																																																																																																																																	
2. Principal Place of Business 125 Sandpointe Ct		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03212005 Chg-NP CR2E037 (10/03)																																																																																																																																																	
City & State Vero Beach, FL		City & State		4. FEI Number 65-0259568																																																																																																																																																	
Zip 32963		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent HATCH, FLETCHER 1607 W. SANDPOINTE PLACE VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name CARLIN, BARBARA Street Address (P.O. Box Number is Not Acceptable) 125 Sandpointe Ct City Vero Beach FL Zip Code 32963																																																																																																																																																	
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 <u><i>Barbara Carlin</i></u> BARBARA CARLIN 3-22-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																																																	
Make check payable to Florida Department of State																																																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;">☒ Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;">☐ Change ☒ Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">PD HATCH, FLETCHER A</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">CARLIN, BARBARA</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">1607 W. 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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: <u><i>Barbara Carlin</i></u> BARBARA CARLIN 3-22-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #																																																																																																																																																					