

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738804

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE SANDS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

BP DAVIS PROPERTY MANAGEMENT
1980 N ATLANTIC AVE # 701
COCOA BEACH, FL 32931 US

New Mailing Address:

FEI Number: 59-1809873 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DAVIS, PETEY
1980 N ATLANTIC AVE # 701
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: VICTOR, STEVE
Address: 299 N. ATLANTIC AVE #602
City-St-Zip: COCOA BEACH, FL 32931

Title: ST () Delete
Name: BROWN, BETSY
Address: 299 NORTH ATLANTIC AVE SUITE 301
City-St-Zip: COCOA BEACH, FL 32931

Title: PD () Delete
Name: HURLEY, JOANN
Address: 299 NORTH ATLANTIC AVE #101
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: HOWE, DAVID
Address: 299 N ATLANTIC AVE 604
City-St-Zip: COCOA BEACH, FL 32931

Title: D (X) Delete
Name: POMPHREY, JOHN
Address: 299 N. ATLANTIC AVE. #401
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: SINE, RANDY
Address: 299 N. ATLANTIC AVE #305
City-St-Zip: COCOA BEACH, FL 32931

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PUMPHREY, JOHN
Address: 299 N ATLANTIC AVE #401
City-St-Zip: COCOA BEACH, FL 32931

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN HURLEY

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date