

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000105

**Entity Name:** SANDY POINTE II OF MANATEE COUNTY CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 12, 2014**  
**Secretary of State**  
**CC1863988907**

**Current Principal Place of Business:**

3607 EAST BAY DRIVE  
HOLMES BEACH, FL 34217

**Current Mailing Address:**

P.O. BOX 1607  
HOLMES BEACH, FL 34218 US

**FEI Number: 65-0704352**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CONDRON, THOMAS E  
6400 MANATEE AVE W  
STE F  
BRADENTON, FL 34209 US

*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

**Officer/Director Detail :**

Title P  
Name SMITH, DAVID  
Address 6400 MANATEE AVENUE WEST SUITE F  
City-State-Zip: BRADENTON FL 34209

Title VP  
Name HOVDA, REBECCA  
Address 6400 MANATEE AVENUE WEST SUITE F  
City-State-Zip: BRADENTON FL 34209

Title S/T  
Name EDMONDS, RON  
Address 6400 MANATEE AVENUE WEST SUITE F  
City-State-Zip: BRADENTON FL 34209

Title D  
Name SHERIDAN, MARY  
Address 6400 MANATEE AVE W #F  
City-State-Zip: BRADENTON FL 34209

Title M  
Name CONDRON, TOM  
Address 6400 MANATEE AVENUE WEST SUITE F  
City-State-Zip: BRADENTON FL 34209

*I hereby 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 all other like empowered.*

**SIGNATURE: TOM CONDRON**

**MGR**

**04/12/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date