

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **725915** (3)

1. Corporation Name

SANDS POINT CONDOMINIUM I, INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified
03/26/1973

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
59-1541639

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BLUM, DAVID A
8341 SANDS POINT BLVD.
TAMARAC FL 33321**

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 **PD** ☐ DELETE
NAME **BLUM, DAVID A**
STREET ADDRESS **8341 SANDS POINT BLVD.**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **VP** ☐ DELETE
NAME **SPERO, CECILE**
STREET ADDRESS **8331 SANDS POINT BLVD**
CITY-ST-ZIP **TAMARAC FL**

TITLE **DT** ☒ DELETE
NAME **AXENFIELD, SIDNEY**
STREET ADDRESS **8341 SANDS POINT BLVD**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **TD** ☐ DELETE
NAME **MOREAU, GIL**
STREET ADDRESS **8321 SANDS POINT BLVD**
CITY-ST-ZIP **TAMARAC FL**

TITLE **D** ☐ DELETE
NAME **WEINTRAUB, JOE**
STREET ADDRESS **8341 SANDS POINT BLVD.**
CITY-ST-ZIP **TAMARAC FL**

TITLE **D** ☐ DELETE
NAME **LINDER, MILTON**
STREET ADDRESS **8331 SANDS POINT BLVD.**
CITY-ST-ZIP **TAMARAC FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **HANNAH BRIGHT**
1.3 STREET ADDRESS **8321 SANDS PT. BLVD**
1.4 CITY-ST-ZIP **TAMARAC, FL 33321**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **MANNY LIGHTMYN**
2.3 STREET ADDRESS **8331 SANDS PT. BLVD**
2.4 CITY-ST-ZIP **TAMARAC, FL 33321**

3.1 TITLE **T** ☐ Change ☒ Addition
3.2 NAME **CATHERINE COSCIA**
3.3 STREET ADDRESS **8351 SANDS PT. BLVD**
3.4 CITY-ST-ZIP **TAMARAC, FL 33321**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)