

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725915

FILED
Sep 04, 2008
Secretary of State

Entity Name: SANDS POINT CONDOMINIUM I, INC.

Current Principal Place of Business:

8361 SANDS POINT BLVD.
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

8361 SANDS POINT BLVD.
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 59-1541639 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JAMES, VERNON T
8361 SANDS POINT BLVD
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

MOREL, JOSE
8361 SANDS POINT BLVD
TAMARAC, FL 33321 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: JOSE MOREL

09/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAMES, VERNON T
Address: 8361 SANDS POINT BLVD
City-St-Zip: TAMARAC, FL 33321 US

Title: VP () Delete
Name: TANZER, ALLAN
Address: 8361 SANDS POINT BLVD
City-St-Zip: TAMARAC, FL 33321 US

Title: S () Delete
Name: WINTER, BARBARA
Address: 8361 SANDS POINT BLVD
City-St-Zip: TAMARAC, FL 33321 US

Title: T () Delete
Name: QUILL, IRENE
Address: 8361 SANDS POINT BLVD
City-St-Zip: TAMARAC, FL 33321 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOREL, JOSE
Address: 8361 SANDS POINT BLVD
City-St-Zip: TAMARAC, FL 33321 US

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

Title: S (X) Change () Addition
Name: SMITH, KEVIN
Address: 8361 SANDS POINT BLVD
City-St-Zip: TAMARAC, FL 33321 US

Title: T (X) Change () Addition
Name: PALMIERE, MICHELE A
Address: 8361 SANDS POINT BLVD
City-St-Zip: TAMARAC, FL 33321 US

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: MICHELE A. PALMIERE

T

09/04/2008

Electronic Signature of Signing Officer or Director

Date