

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 737942 (3)

1. Corporation Name

SANDS POINT CONDOMINIUM ASSOCIATION OF LONGBOAT  
KEY, INC.



Principal Place of Business

100 SANDS POINT RD  
LONGBOAT KEY FL 34228

Mailing Address

100 SANDS POINT RD  
LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified  
01/28/1977

3a. Date of Last Report  
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1735267

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

10. Name and Address of New Registered Agent

HANSEN, JULIAN R  
100 SANDS PT RD - UNIT 314  
LONGBOAT KEY FL 34228

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD  
NAME GOODMAN, ROBERT  
STREET ADDRESS 100 SANDS PT. RD. 211  
CITY-ST-ZIP LONGBOAT KEY FL

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change

Addition

TITLE S  
NAME WINSTON, JACK  
STREET ADDRESS 100 SANDS PT RD # 114  
CITY-ST-ZIP LONGBOAT KEY FL

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change

Addition

TITLE D  
NAME WILLIAM FUSSNER  
STREET ADDRESS 100 SANDS PT RD # 117  
CITY-ST-ZIP LONGBOAT KEY FL

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change

Addition

TITLE TD  
NAME WEST, DOUGLAS  
STREET ADDRESS 100 SANDS PT RD #324  
CITY-ST-ZIP LONGBOAT KEY FL

DELETE

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

Change

Addition

TITLE D  
NAME VERBEKE, HENRY  
STREET ADDRESS 100 SANDS PT. RD. 106  
CITY-ST-ZIP LONGBOAT KEY FL

DELETE

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

Change

Addition

TITLE D  
NAME TSGOUNIS, STANLEY  
STREET ADDRESS 100 SANDS POINT ROAD #124  
CITY-ST-ZIP LONGBOAT KEY FL

DELETE

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

Change

Addition

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:

*Stanley Tsgounis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 383-3702  
Date Daytime Phone #

CR2E037 (12/95)