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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737942 (3)

1. Corporation Name

SANDS POINT CONDOMINIUM ASSOCIATION OF LONGBOAT
KEY, INC.

Principal Place of Business

Mailing Address

100 SANDS POINT RD
LONGBOAT KEY FL 34228100 SANDS POINT RD
LONGBOAT KEY FL 34228-39003. Date Incorporated or Qualified
01/28/19773a. Date of Last Report
05/01/19964. FEI Number
59-1735267Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

President & 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME GOODMAN, ROBERT
STREET ADDRESS 100 SANDS PT. RD. 211
CITY-ST-ZIP LONGBOAT KEY FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE S ☐ DELETE
NAME WINSTON, JACK
STREET ADDRESS 100 SANDS PT RD # 114
CITY-ST-ZIP LONGBOAT KEY FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME WILLIAM FUSSNER
STREET ADDRESS 100 SANDS PT RD # 117
CITY-ST-ZIP LONGBOAT KEY FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME WEST, DOUGLAS
STREET ADDRESS 100 SANDS PT RD #324
CITY-ST-ZIP LONGBOAT KEY FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE VPD ☐ DELETE
NAME VERBEKE, HENRY
STREET ADDRESS 100 SANDS PT. RD. 106
CITY-ST-ZIP LONGBOAT KEY FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME TSIGOUNIS, STANLEY
STREET ADDRESS 100 SANDS POINT ROAD #124
CITY-ST-ZIP LONGBOAT KEY FL6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 # 941-383-3702

CR2E037 (9/96)