

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737942

1. Entity Name

SANDS POINT CONDOMINIUM ASSOCIATION OF LONGBOAT

Principal Place of Business

100 SANDS POINT RD
LONGBOAT KEY FL 34228

Mailing Address

100 SANDS POINT RD
LONGBOAT KEY FL 34228

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1735267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	IZZO, CARMEL	
STREET ADDRESS	100 SANDS POINT RD 319	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WINSTON, JACK	
STREET ADDRESS	100 SANDS PT RD # 114	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAM FUSSNER	
STREET ADDRESS	100 SANDS PT RD # 117	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEST, DOUGLAS	
STREET ADDRESS	100 SANDS PT RD #324	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VERBEKE, HENRY	
STREET ADDRESS	100 SANDS PT. RD. 106	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HANSEN, JULIAN R	
STREET ADDRESS	100 SANDS POINT RD, #34	
CITY-ST-ZIP	LONGBOAT KEY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Goodman	
STREET ADDRESS	100 SANDS POINT RD # 211	
CITY-ST-ZIP	Longboat Key FL	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leah Barker	
STREET ADDRESS	100 SANDS POINT ROAD	
CITY-ST-ZIP	Longboat Key FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

01/09/2001 941-383-3702

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90079 039 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)