## **NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT#**

1. Entity Name,

Sands Point Condominium Associ of Longboat Key, Inc.



## **FILED** Jan 23, 2004 8:00 am Secretary of State 01-23-2004 90027 026 \*\*\*\*61.25

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	DO NOT WRITE	IN THIS	SPAC	<b>E</b>		5	4000325
2. Principal P	Place of Business	3. Mailing Address	till urville er fræ er manne fra far er		•		
100 Sands Point Road Suite, Apt. #, etc.		100 Sands Point Road Suite, Apt. #, etc.		1	DO NOT WRITE IN TH	IS SPACE	
City & State  Longboat Key, FL		City & State  Longboat Key FL				Applied For Not Applicable	
Zip 34228	Country USA	Zip 34228	USA	•	5. Certificate of Sta	atus Desired	\$8.75 Additional Fee Required
		)			7. Name and Address of Current Registered Agent		
	DO NOT W IN THIS SP	and the property of the second state of				en, Presid lot Acceptable) t Road # 3	Zip Code
					gboat_Key	F	34228
	e named entity submits this statement fo tions of registered agent.	r the purpose of changin	ng its registere	d office or registe	ered agent, or both, in t	the state of Florida. I ar	n familiar with, and accept
SIGNATURE	Signature speed or printed name of agristered agent	and tille if applicable.	(NOTE: Registered	Agent signature require	od when reinstating)	1-20-	04
<b>4</b> 10.	FEE IS \$61.25 Initial or Amended UBR	Trust Fu	n Campaign Fil and Contribution		\$5.00 May Be Added to Fees		eck Payable to artment of State
TIÝLE	P		TITLE	1			
NAME STREET ADDRESS	Julian R. Hanse	n .	NAME	T ADDRESS			
CITY-ST-ZIP	100 Sands Point	Road #314	A CONTROL TERM	ST-ZIP			
TITLE NAME	Longboat Key, F VPD	L 34228	TITLE	1			
STREET ADDRESS CITY-ST-ZIP	Henry Verbeke 100 Sands Point	Road # 109	STREE	T ADDRESS: ST-ZIP			
TITLE NAME	Longboat Key, F TREASD Carmel Izzo	L 34228	TITLE	CONTRACT CASSANT			
STREET ADDRESS	-100-Sands-Point	-RoaD-#-319	tielationautri	TADDRESS-	PΩ	NOT WE	HTE"
CITY-ST-ZIP	Longboat Key,		City-	ST-ZIP	טט	NOT WR	UIE
TITLE NAME	SECD		TITLE NAME		INT	THIS SPA	ICE
	Douglas M. West		WHITE SHAPE	o e se sa manto la esta esta			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	100 Sands Point		THE PARTY AND THE	T ADDRESS ST-ZIP			
CITY-ST-ZIP			CITY-	ST-ZIP			
CITY-ST-ZIP TITLE NAME	100 Sands Point		GITY- TITLE NAME	ST-ZIP		18 C 19	
CITY-ST-ZIP	100 Sands Point Longboat Key, F	L 34228	CITY- TITLE NAME STREE	ST-ZIP			
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	100 Sands Point Longboat Key, F D Robert Goodman 100 Sands Point Longboat Key,	L 34228 Road #211	CITY- TITLE NAME STREE	T ADDRESS ST-ZIP			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 Sands Point Longboat Key, F D Robert Goodman 100 Sands Point	L 34228 Road #211	TITLE NAME CRYSTITLE NAME NAME NAME NAME	T ADDRESS ST-ZIP			

12. Thereby certify that the information supplied with this filling 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 on an attachment with an address with all other like empowered.

SIGNATURE:

Julian R. Hansen, Pres.

/-2'0-04

941-383-3707

1-20-04

941-383-3702