


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90016 005 ****61.25

DOCUMENT # 737942	
1. Entity Name	
SANDS POINT CONDOMINIUM ASSOCIATION OF LONGBOAT KEY, INC.	

Principal Place of Business	Mailing Address
100 SANDS POINT RD LONGBOAT KEY FL 34228	100 SANDS POINT RD LONGBOAT KEY FL 34228

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number	Applied For
59-1735267	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Julian R Hansen **JULIAN R HANSEN** **1-21-05**
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 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IZZO, CARMEL	NAME	
STREET ADDRESS	100 SANDS POINT RD 319	STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, ROBERT	NAME	
STREET ADDRESS	100 SANDS PT RD	STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, LEAH	NAME	S.D.
STREET ADDRESS	100 SANDS POINT RD #306	STREET ADDRESS	Douglas in West
CITY-ST-ZIP	LONGBOAT KEY FL 34228	CITY-ST-ZIP	100 SANDS Point Rd #313
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, DOUGLAS	NAME	Longboat Key FL 34228
STREET ADDRESS	100 SANDS PT RD #313	STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERBEKE, SIMONNE	NAME	
STREET ADDRESS	100 SANDS PT ROAD #109	STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, JULIAN R	NAME	
STREET ADDRESS	100 SANDS POINT RD, #34	STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	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: Julian R Hansen **JULIAN R HANSEN** **1/21/05** **383-3702**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #