

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90220 004 ****61.25

DOCUMENT # 737942

1. Entity 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**

DO NOT WRITE IN THIS SPACE



04282008 No Chg-NP

CR2E037 (4/06)

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**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
NEKORANCE, ANNA
100 SANDS POINT RD 215
LONGBOAT KEY, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**~~VPD~~
SCHMITH, EDWIN
100 SANDS POINT RD 204
LONGBOAT KEY, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
WEST, DOUGLAS M
100 SANDS POINT RD # 313
LONGBOAT KEY, FL 34228**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**~~VPD D~~
VERBEKE, HENRY Fessner, William
100 SANDS POINT RD ~~204~~ 117
LONGBOAT KEY, FL 34228**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WOHLFAHRT, FRED - Sinclair, CarolAnn
100 SANDS POINT RD ~~204~~ 306
LONGBOAT KEY, FL 34228**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
HANSEN, JULIAN R
100 SANDS POINT RD, #34
LONGBOAT KEY, FL**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Julian R Hansen Pres 4/30/08 3833202