

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90233 026 \*\*\*\*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**

**20007524**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>IZZO, CARMEL</b>	
STREET ADDRESS	<b>100 SANDS POINT RD 319</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOODMAN, ROBERT</b>	
STREET ADDRESS	<b>100 SANDS PT RD</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILLIAM FUSSNER</b>	
STREET ADDRESS	<b>100 SANDS PT RD # 117</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>WEST, DOUGLAS</b>	
STREET ADDRESS	<b>100 SANDS PT RD #313</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VERBEKE, HENRY</b>	
STREET ADDRESS	<b>100 SANDS PT. RD. 106</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HANSEN, JULIAN R</b>	
STREET ADDRESS	<b>100 SANDS POINT RD, #34</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Leah Barker</b>	
STREET ADDRESS	<b>100 SANDS Point Road 306</b>	
CITY-ST-ZIP	<b>Longboat Key FL 34228</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Simonne Verbeke</b>	
STREET ADDRESS	<b>100 SANDS Point Road 109</b>	
CITY-ST-ZIP	<b>Longboat Key FL 34228</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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 empowers.

SIGNATURE:

**SIGNATURE** *Julian R Hansen*

*1/03/03 941-383-3702*