

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750810

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** SANDPOINTE BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

19800 SANDPOINTE BAY DR.  
BOX A  
TEQUESTA, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

19800 US HWY 1  
BOX A  
TEQUESTA, FL 33469 US

**New Mailing Address:**

**FEI Number:** 59-2237923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INGLIS, STEVE  
1930 COMMERCE LANE, SUITE 1  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BATT, JIM  
Address: 19800 US HWY 1 #508  
City-St-Zip: TEQUESTA, FL 33469

Title: VP ( ) Delete  
Name: LAMOTHE, PAT  
Address: 19800 US HWY 1 #605  
City-St-Zip: TEQUESTA, FL 33469

Title: S ( ) Delete  
Name: GRIMSTE, DONNA  
Address: 19800 US HWY 1 #108  
City-St-Zip: TEQUESTA, FL 33469

Title: SD ( ) Delete  
Name: HUNSINGER, FAYE  
Address: 19800 U. S. HWY 1 #411  
City-St-Zip: TEQUESTA, FL 33469

Title: T ( ) Delete  
Name: INGLESINO, BERT  
Address: 19800 US HWY 1 #802  
City-St-Zip: TEQUESTA, FL 33469

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM BATT

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date