

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 770674

1. Entity Name

SAND POINT HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

15 STAR LAKE DRIVE
PENSACOLA FL 32507

Mailing Address

15 STAR LAKE DRIVE
PENSACOLA FL 32507

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2105233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

CHASE, JAMES L.
201 E. GOVERNMENT ST.
PENSACOLA FL 32501

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 type printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature is required when registering)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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: STD ☐ Delete
NAME: MAUCH, BARBARA J.
STREET ADDRESS: 15 STAR LAKE DRIVE
CITY- ST- ZIP: PENSACOLA FL

TITLE: PD ☐ Delete
NAME: BAISDEN, ZACH
STREET ADDRESS: 4146 SHARP REEF UNIT 1-A
CITY- ST- ZIP: PENSACOLA FL

TITLE: VPD ☐ Delete
NAME: FRECHETTE, ANNE
STREET ADDRESS: 9440 SCENIC HWY
CITY- ST- ZIP: PENSACOLA FL 32507

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP: U00000804818
02/05/08-80084-003 61.25

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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NAME:
STREET ADDRESS:
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Barbara J. Mauch (Barbara J. Mauch) 1/26/08 EST-455-1233