

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90487 044 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT

2001



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H80731** (3)
1. Corporation Name
SANDY POINT LAND DEVELOPMENT CORPORATION



Principal Place of Business

G/O DAVID T. MCWILLIAMS
1790 N A1A STE 209
SATELLITE BEACH FL 32937

Mailing Address

G/O DAVID T. MCWILLIAMS
1790 N A1A STE 209
SATELLITE BEACH FL 32937-2606

2. Principal Place of Business

21 517 B N. HARBOR City Blvd
Suite, Apt. #, etc.

2a. Mailing Address

26 517 B N. HARBOR City Blvd
Suite, Apt. #, etc.

City & State

23 MELBOURNE FL

City & State

28 MELBOURNE FL

Zip

24 32935

Country

25 USA

Zip

29 32935

Country

30

3. Date Incorporated or Qualified

10/15/1985

3a. Date of Last Report

02/15/1996

4. FEI Number

59-2587428

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCWILLIAMS, DAVID T.
1790 N A1A
STE 209
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

517 B N. HARBOR City Blvd

83

84 City

MELBOURNE

FL

85 Zip Code

32935

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME MCWILLIAMS, DAVID T.
STREET ADDRESS 1790 A1A STE 209
CITY-ST-ZIP SATELLITE BCH FL

TITLE TD
NAME MCWILLIAMS, JOAN
STREET ADDRESS 701 TRADEWINDS DRIVE
CITY-ST-ZIP INDIAN HRBR BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 517 B N. HARBOR City Blvd

1.4 CITY-ST-ZIP MELBOURNE, FL 32935

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DAVID T. McWilliams 3/9/01 321-255-5153