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

**PROFIT** CORPORATION ANNUAL REPORT

1999

TITUSVILLE FL 32796

SAND POINT INN MANAGEMENT, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90126 047 \*\*\*150.00

Principal Place of Business	Mailing Address		I (MDINII) ent linni tient tielt mant matt mett n	(8)( \$18)) 616)( 818)) 616)( 1	
SAND POINT MANAGEMENT INC 1320 SOUTH CARPENTER ROAD TITUSVILLE FL 3296	% WALTER J. JOHNSON 1320 SOUTH CARPENTER ROAD TITUSVILLE FL 32796		DO NOT WRITE IN THIS SPACE		
US			3. Date Incorporated or Qualifed 12/30/1987		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		59-2862239	Not Applica	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 25		ountry	This corporation owes the current year Int     Personal Property Tax.	tangible □ Yes □ No	
9. Name and Address of Curr		<u> </u>	10. Name and Address of New Registered	Agent	
JOHNSON, WALTER J. 1320 SOUTH CARPENTER RD.		81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptable)		

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.

83 84 City

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SIGNATURE Stonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Signature, typed of printed name of registered agent and use if applicable. (NOTE: Registered rights a signature included with transacting)									
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition				
TITLE	D DELETE	1.1 TITLE		□ Change					
NAME	SCHUMERS, EDWARD P.	1.2 NAME							
STREET ADDRESS	951 FLOTILLA CLUB DR	1.3 STREET ADDRESS			ļ				
CITY-ST-ZIP	INDIAN HARBOR BCH.FL	1.4 CITY-ST-ZIP							
TITLE	PD DELETE	2.1 TITLE		Change	☐ Addition				
NAME	JOHNSON, WALTER J.	2.2 NAME			Ś				
STREET ADDRESS	1320 SOUTH CARPENTER RD	2.3 STREET ADDRESS							
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP							
TITLE	☐ DELETE	31 TITLE .		Change	Addition				
NAME		3.2 NAME							
STREET ADDRESS		3.3 STREET ADDRESS	•						
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TITLE	DELETE	4.1 TITLE		Change	Addition				
NAME		4. 2 NAME		•					
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP		4.4 City-ST-ZiP							
TITLE	DELETE	5.1 TITLE		Change	☐ Addition				
NAME	•	5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition				
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS							
CITY-ST-ZIP		6.4 CITY-ST-ZIP	The state of the s		ftion				
14. Legeby 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 supplied with this liming does not quality for the exemption stated in Section 119.07(5)(f), Frontal statutes, I name testing 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, with all other than a proposer of the corporation of the corporation of the receiver 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, with all other than a proposer of the corporation or the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

Zip Code