

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N01910</b> 1. Entity Name <b>SANDPOINTE TOWNHOUSES OWNERS ASSOCIATION, INC.</b>						<b>FILED</b> 06 SEP 25 PM 2:08 SEC. 000090153800 09/25/06--01068--019 **61.25	
Principal Place of Business <b>8010 BREEZE COVE LANE ORLANDO, FL 32819</b>				Mailing Address <b>8010 BREEZE COVE LANE ORLANDO, FL 32819</b>			
2. Principal Place of Business <b>8010 BREEZE COVE LN</b>				3. Mailing Address <b>8010 BREEZE COVE LN</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State <b>Orlando FL</b>				City & State <b>Orlando FL</b>			
Zip <b>32819</b>				Zip <b>32819</b>			
Country <b>US</b>				Country <b>US</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>ASHER, STEVEN 1801 COOK ST. ORLANDO, FL 32806</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
<b>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.</b>							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<div style="display: flex; justify-content: space-between;"> <div> <b>Amended AR is \$61.25</b> </div> <div> <b>9. Election Campaign Financing</b>            Trust Fund Contribution. <input type="checkbox"/> </div> <div> <b>\$5.00 May Be Added to Fees</b> </div> <div> <b>Make check payable to Florida Department of State</b> </div> </div>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, JANET 8217 SANDPOINT BLVD ORLANDO, FL 32819 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Thomas, Hermione 7629 Fenwick Cove Ln. Orlando, FL 32819 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>BODIA, MORRIS</del> 8207 AMBROSE COVE WAY ORLANDO, FL 32819 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Bodia, Morris 8207 Ambrose Cove Way Orlando, FL 32819 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAYNE, RICHARD 7700 WINDBROOK RD ORLANDO, FL 32819 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Payne, Richard 7700 Windbreak Rd. Orlando, FL 32819 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACSARY, ROSALIE 7720 WINDBROOK RD ORLANDO, FL 32819 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Mocsary, Rosalie 7720 Windbrook Rd. Orlando, FL 32819 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NYEUM, TIM 7682 HIGH PINE ORLANDO, FL 32819 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ott, Kerry 7735 High Pine Rd. Orlando, FL 32819 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sihion, Ralph 8248 Breeze Cove Ln. Orlando, FL 32819 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>							
SIGNATURE: <u>Rosalie Mocsary</u> <u>ROSALIE MOCSARY</u> <u>9/6/06</u> <u>407-351-1308</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							