


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90214 014 ****61.25

DOCUMENT # N01910	
1. Entity Name SANDPOINTE TOWNHOUSES OWNERS ASSOCIATION, INC.	

Principal Place of Business 8010 BREEZE COVE LANE ORLANDO FL 32819	Mailing Address 8010 BREEZE COVE LANE ORLANDO FL 32819
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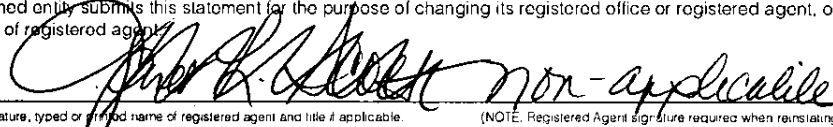


2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent ASHER, STEVEN 1801 COOK ST. ORLANDO FL 32806	
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4. FEI Number 59-2445963		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
7. Name and Address of New Registered Agent Name Sandpointe Townhouse Owners 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 3/14/07

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
P SCOTT, JANET 8217 SANDPOINT BLVD ORLANDO FL 32819	
D HERMIONE, THOMAS 7629 FENWICK COVE LANE ORLANDO FL 32819	
V MORRIS, BODOIA 8207 AMBROSE COVE WAY ORLANDO FL 32819	
T MOCSARY, ROSALIE 7720 WINDBROOK RD ORLANDO FL 32819	
D PAYNE, RICHARD 7700 WINDBREAK RD. ORLANDO FL 32819	
S OTT, KERRY 7735 HIGH PINE ROAD ORLANDO FL 32819	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ROPER, MIKE 8205 BREEZE COVE ORLANDO FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SULLIVAN, JACK 7705 Sundial Lane ORLANDO FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date 4/3/07 407-351-1308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	