

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

07 NOV 30 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800112805028

12/04/07--0012--016 ***61.25
12-3-07



11272007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2445963

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDPOINTE TOWNHOUSES OWNERS ASSOCIATION
8010 BREEZE COVE LANE
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name RYAN MORSE

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

8010 BREEZE COVE LANE

City ORLANDO

FL

Zip Code 32819

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

RYAN MORSE MANAGER 11/28/07

Amended AR is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P SCOTT, JANET	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8217 SANDPOINT BLVD	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE NAME	D HERMIONE, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	7629 FENWICK COVE LANE	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE NAME	V MORRIS, BODOIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8207 AMBROSE COVE WAY	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE NAME	T MOCSARY, ROSALIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7720 WINDBROOK RD	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE NAME	D PAYNE, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	7700 WINDBREAK RD.	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE NAME	S OTT, KERRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7735 HIGH PINE ROAD	
CITY-ST-ZIP	ORLANDO, FL 32819	

TITLE NAME	P THOMAS, HERMIONE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7629 FENWICK COVE LANE	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE NAME	VP SONNONE, RICHARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7933 BAYSIDE VIEW DR.	
CITY-ST-ZIP		
TITLE NAME	T PAYNE, RICHARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7700 WINDBREAK RD.	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE NAME	S SULLIVAN, JACK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7705 SUNDIAL LANE	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE NAME	D PALMER, ELLEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7702 SUNDIAL LANE	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE NAME	D RAMPULLA, PHYLLIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8241 BREEZE COVE LANE	
CITY-ST-ZIP	ORLANDO, FL 32819	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/07

Date

407-351-1208

Daytime Phone #

Title:

D

NAME:

ROPER, MICHAEL

STREET:

ADDRESS

8205 BREEZE COVE LANE

CITY-ST-ZIP: ORLANDO, FL 32819

~~*~~ ADDITION