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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N05998 (2)

1. Corporation Name

SANDPOINT CONDOMINIUM MANAGEMENT ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
2615 SOUTH ATLANTIC AVE DAYTONA BEACH SHORES FL 32118-5636	2615 SOUTH ATLANTIC AVE DAYTONA BEACH SHORES FL 32118-5648

3. Date Incorporated or Qualified: **11/05/1984**
3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-2474796** ☐ 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

MALIK, DEAN
2615 S ATLANTIC AVE
APT 8I
DAYTONA BEACH SHORES FL 32018

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE X Dean Malik President Assoc 3-7-97
Signature, typed or printed name of registered agent and title if applicable — DATE (Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCDANIELS, WILLIAM		1.2 NAME		
STREET ADDRESS	2615 S ATLANTIC AVE APT 2B		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA B SHORES FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHIMMEL, DAVID		2.2 NAME		
STREET ADDRESS	136 LAKE SHORE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TERRE HAUTE IN		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAFRISHE, JAYNEE		3.2 NAME		
STREET ADDRESS	2615 S. ATLANTA AVE. UNIT 6C		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA B SHORES FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MALIK, DEAN		4.2 NAME		
STREET ADDRESS	2615 S ATLANTIC AVE APT 8I		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA B SHORES FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HALLMARK, MIKE		5.2 NAME		
STREET ADDRESS	272 HWY 92 DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS GA		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		

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Dean Malik President 3-7-97 904-