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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05998

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 32118-5636

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/05/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2474796 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MALIK, DEAN 2615 S ATLANTIC AVE APT 8I DAYTONA BEACH SHORES FL 32018	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 Dean Malik President Assoc. 4/10/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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	PARANZINO, ROBERT		1.2 NAME		
STREET ADDRESS	2615 S ATLANTIC UNIT 1C		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118		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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Dean Malik President Assoc. 4-10-99 904-756-1149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #