2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 07, 2004 8:00 am Secretary of State DOCUMENT # N05998 1. Entity Name 04-07-2004 90025 032 ****61.25 SANDPOINT CONDOMINIUM MANAGEMENT ASSOCIATION. Principal Place of Business Mailing Address 2615 SOUTH ATLANTIC AVE DAYTONA BEACH SHORES FL 32118-5636 2615 SOUTH ATLANTIC AVE COOCEUPE DAYTONA BEACH SHORES FL 32118-5636 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-2474796 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MALIK, DEAN Street Address (P.O. Box Number is Not Acceptable) 2615 S ATLANTIC AVE APT 81 DAYTONA BEACH SHORES FL 32018 City 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 agen FILE NOW: FEE IS \$61.25 Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition PARANZINO, ROBERT NAME NAME 2615 S ATLANTIC UNIT 1C STREET ADDRESS STREET ADDRESS DAYTONA BEACH SHORES FL 32118 CITY-ST-ZIP CITY-ST-ZIP VD Change TITLE TITLE Addition PAT HUKILL SCHIMMEL, DAVID NAME NAME AYTONA B SHORES FL 33/18 136 LAKE SHORE STREET ADDRESS STREET ADDRESS TERRE HAUTE IN CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition MURRAY, LOIS 1 NAME NĀMF PO BOX 519 STREET ADDRESS STREET ADDRESS **KECHI KA 47553** CITY-ST-ZIP CITY-ST-ZIP PD TITLE ☐ Delete Change ☐ Addition TITLE MALIK, DEAN NAME NAME 2615 S ATLANTIC AVE APT 81 STREET ADDRESS STREET ADDRESS DAYTONA B SHORES FL CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition HALLMARK, MIKE NAME NAME 272 HWY 92 DR STREET ADDRESS STREET ADDRESS DALLAS GA CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 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 of yustee 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.

D NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daylime Phone #