## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 11, 2005 8:00 am Secretary of State DOCUMENT # N05998 1. Entity Name 02-11-2005 90036 021 \*\*\*\*61.25 SANDPOINT CONDOMINIUM MANAGEMENT ASSOCIATION, Principal Place of Business Mailing Address 2615 SOUTH ATLANTIC AVE 4 IUU+++~ 2615 SOUTH ATLANTIC AVE DAYTONA BEACH SHORES FL 32118-5636 DAYTONA BEACH SHORES FL 32118-5636 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-2474796 Not Applicable Žiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MALIK, DEAN Street Address (P.O. Box Number is Not Acceptable) 2615 S ATLANTIC AVE 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 agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ero-vyvýstis 483434402<u>112</u> OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. Detete TIFLE TITLE Change Addition GREG FARMER PARANZINO, ROBERT NAME NAME JTAR MOUNT DRIVE 2615 S ATLANTIC UNIT 1C STREET ADDRESS STREET ADDRESS LAKELAND, FLORIDA CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118 CITY-ST-7IP 33810 VΡ TITLE ☐ Change □ Delete TITEE Addition HUKILL, PAT NAME NAME 2615 S. ATLANTIC UNIT 1D STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32118 CHY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MURRAY, LOIS NAME NAME PO BOX 519 STRFFT ADDRESS STREET ADDRESS **KECHI KA 47553** CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Delete TITLE ☐ Change Addition MALIK, DEAN NAME NAME 2615 S ATLANTIC AVE APT 8I STREET ADDRESS STREET ADDRESS DAYTONA B SHORES FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition HALLMARK, MIKE NAME NAME 272 HWY 92 DR STREET ADDRESS STREET ADDRESS DALLAS GA CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-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 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.

DEAN MALIK

FILED