

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N05998 1. Entity Name SANDPOINT CONDOMINIUM MANAGEMENT ASSOCIATION, INC.					
Principal Place of Business 2615 SOUTH ATLANTIC AVE DAYTONA BEACH SHORES FL 32118-5636			Mailing Address 2615 SOUTH ATLANTIC AVE DAYTONA BEACH SHORES FL 32118-5636		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 59-2474796 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		1st MOORE CR2E037 (10/05)			
6. Name and Address of Current Registered Agent MALIK, DEAN 2615 S ATLANTIC AVE APT 81 DAYTONA BEACH SHORES FL 32018			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>[Signature]</i> DEAN MALIK 2/15/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 STREET ADDRESS CITY-ST-ZIP	VP FARMOR, GREG STARMOUNT DRIVE LAKE LAND FL 33810	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUKILL, PAT 2615 S. ATLANTIC UNIT 1D DAYTONA BEACH FL 32118	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURRAY, LOIS PO BOX 519 KECHI KA 47553	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALIK, DEAN 2615 S ATLANTIC AVE APT 81 DAYTONA B SHORES FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALLMARK, MIKE 272 HWY 92 DR DALLAS GA	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.