## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Mar 05, 2007 08:00 A Secretary of State DOCUMENT # N05998 1. Entity Name SANDPOINT CONDOMINIUM MANAGEMENT ASSOCIATION. INC. Principal Place of Business Mailing Address 2615 SOUTH ATLANTIC AVE 2615 SOUTH ATLANTIC AVE DAYTONA BEACH SHORES FL 32118-5636 DAYTONA BEACH SHORES FL 32118-5636 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/06) 1st MOORE City & Stato City & State 4. FEI Number Applied For 59-2474796 Not Applicable Zıp Country 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 MALIK, DEAN Street Address (P.O. Box Number is Not Acceptable) 2615 S ATLANTIC AVE APT 8I 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 agant. SIGNATURE (NOTE: Registered Agent signature required when reinstaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. П Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 11111 Delete THE Change Addition NAM FARMOR, GREG NAMI STREET ADDRESS STREET ADDRESS STARMOUNT DRIVE U00000656417 CHY-SI-70P LAKELAND FL 33810 CHY-SI-7IP 03/14/07-80024-018 61. Delete Change ■ Addition HUKILL, PAT STREET ADDRESS STREET ADDRESS 2615 S. ATLANTIC UNIT 1D CITY-SI-7(P CHY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Defete Change Addition NAME MURRAY, LOIS STREET ADDRESS STREET AUDITIES PO BOX 519 CITY-ST-ZIP CITY-ST-ZIP **KECHI KA 47553** Addition TITLE ☐ Delete Change PD NAME NAME MALIK, DEAN STREET ADDRESS STREET ADDRESS 2615 S ATLANTIC AVE APT 81 CITY-SI-ZIP CHY-ST-ZIP DAYTONA B SHORES FL 1000 Delete HHE Change \_\_\_ Addition NAM HALLMARK, MIKE NAME STRUCT ADDRESS 272 HWY 92 DR STREET ADDRESS CHY-ST-7IP **DALLAS GA** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP

12. I horoby 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 eath, that I am an officer or director of the corporation or the receiverpr 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.

SIGNATURE: