

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06896

**FILED**  
**Mar 13, 2005**  
**Secretary of State**

**Entity Name:** SANDESTIN HARBOUR POINT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

215 GRAND BOULEVARD  
DESTIN, FL 32550 US

**New Principal Place of Business:**

215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US

**Current Mailing Address:**

215 GRAND BOULEVARD  
MIRAMAR BEACH, FL 32550 US

**New Mailing Address:**

215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US

**FEI Number:** 59-2481325

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORMLEY, TERRY P  
215 GRAND BLVD  
MIRAMAR BEACH, FL 32550 US

**Name and Address of New Registered Agent:**

GORMLEY, TERRY P  
215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US

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.

SIGNATURE:

03/13/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: ADCOCK, JIMMY C  
Address: 7799 WIND SONG DR  
City-St-Zip: TRUSSVILLE, AL 35173

Title: STD ( ) Delete  
Name: FAILLA, TOMMY  
Address: 4125 PALMYRA STREET  
City-St-Zip: NEW ORLEANS, LA 70119

Title: D ( ) Delete  
Name: VIENER, BETTY  
Address: 204 EVANGELINE DRIVE  
City-St-Zip: MANDEVILLE, LA 70471

Title: DP ( ) Delete  
Name: RODGERS, JOHN  
Address: 2703 CHATHAM CT  
City-St-Zip: MURFREESBORO, TN 37129

Title: D ( ) Delete  
Name: LOSAPIO, CARL  
Address: 192 WOOD RUN  
City-St-Zip: ROCHESTER, NY 14612

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST (X) Change ( ) Addition  
Name: FAILLA, TOMMY  
Address: 4125 PALMYRA STREET  
City-St-Zip: NEW ORLEANS, LA 70119

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY FAILLA

S

03/13/2005

Electronic Signature of Signing Officer or Director

Date