

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16783

FILED
Apr 19, 2008
Secretary of State

Entity Name: SANDY POINTE OF MANATEE COUNTY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3001 GULF DRIVE
HOLMES BEACH, FL 34217 US

New Principal Place of Business:

Current Mailing Address:

3001 GULF DRIVE
HOLMES BEACH, FL 34217 US

New Mailing Address:

FEI Number: 65-0496718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOULD, BARRY
3001 GULF DRIVE
HOLMES BEACH, FL 34217 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: DETTLOFF, RICHARD
Address: 3601 EAST BAY DR #201
City-St-Zip: HOLMES BEACH, FL 34217

Title: TSD () Delete
Name: ADEMA, ROBERT H
Address: 9207 13 AVE CIR NW
City-St-Zip: BRADENTON, FL 34209

Title: PD () Delete
Name: GRAHAM, SCOTT
Address: 5807 SCHOOLGATE DRIVE
City-St-Zip: DAYTON, OH 45424

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DETTLOFF, RICHARD
Address: 3601 EAST BAY DR #201
City-St-Zip: HOLMES BEACH, FL 34217

Title: D (X) Change () Addition
Name: PALLETT, MICHAEL
Address: 3601 EAST BAY DR #212
City-St-Zip: HOLMES BEACH, FL 34217

Title: DT (X) Change () Addition
Name: NORTHFIELD, MICHAEL J
Address: P.O.BOX 622
City-St-Zip: CORTEZ, FL 34215 06

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL J NORTHFIELD

DT

04/19/2008

Electronic Signature of Signing Officer or Director

Date