

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26188** (5)
1. Corporation Name
SANDPOINTE PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business 1811 E. SANDPOINTE PLACE VERO BEACH FL 32964	Mailing Address P.O. BOX 3152 VERO BEACH FL 32964
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2. Principal Place of Business 21 1810 E. Sandpointe Place Suite, Apt. #, etc. 22 City & State 23 VERO Beach, FL Zip 24 32963		2a. Mailing Address 26 SAME AS ABOVE Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA		3. Date Incorporated or Qualified 04/29/1988	3a. Date of Last Report 04/18/1996
		4. FEI Number 65-0259568		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BURNS, JOHN J 1811 E. SANDPOINTE PLACE VERO BEACH FL 32963		10. Name and Address of New Registered Agent 81 Name TOM DEGER 82 Street Address (P.O. Box Number is Not Acceptable) 1810 E. SANDPOINTE PLACE 83 84 City VERO Beach FL 85 Zip Code 32963	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Thomas M. Deger* **Thomas M. Deger** **5-7-97**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JOHN J BURNS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN J BURNS	1.2 NAME	
STREET ADDRESS	1811 E SANDPOINTE PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D ROBERT C MCNALLY <input type="checkbox"/> DELETE	2.1 TITLE	PD Robert C McNally <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT C MCNALLY	2.2 NAME	Robert C McNally
STREET ADDRESS	901 WINDING RIVER ROAD	2.3 STREET ADDRESS	1850 CUTLASS COVE DRIVE
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D WHITTEN, JAMES <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP, D SPike Connolly <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITTEN, JAMES	3.2 NAME	SPike Connolly
STREET ADDRESS	1837 SNADPOINTE PLACE	3.3 STREET ADDRESS	611 HOLLY ROAD
CITY-ST-ZIP	VERO BEACH FL 32963	3.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP, D Tom Deger <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Tom Deger
STREET ADDRESS		4.3 STREET ADDRESS	1810 E. SANDPOINTE PLACE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VP, D SVEN NORDIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	SVEN NORDIN
STREET ADDRESS		5.3 STREET ADDRESS	1807 E. SANDPOINTE PLACE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	S, D John D. Little <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	John D. Little
STREET ADDRESS		6.3 STREET ADDRESS	1010 TOBAGO TERRACE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	VERO BEACH, FL 32963

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas M. Deger* **Thomas M. Deger** **5-7-97** **234-1617**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078013

CR2E037 (9/96)