

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Bandra B. Mortham</b> 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 <b>1810 E SANDPOINTE PLACE VERO BEACH FL 32963 US</b>	Mailing Address <b>P.O. BOX 3152 VERO BEACH FL 32964</b>
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3. Date Incorporated or Qualified <b>04/29/1988</b>	
4. FEI Number <b>65-0259568</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> 4445 N AIA		
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b> 150A		
City & State <b>23</b>	City & State <b>28</b> Vero Beach		
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b> FL	Country <b>30</b> 32963

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**DEGER, TOM  
1810 E SANDPOINTE PLACE  
VERO BEACH FL 32963**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>83</b>	<b>84</b> City	<b>85</b> Zip Code
Campo Services	4445 N AIA Ste 150A	PAUL PALESTRINI	VERO BEACH FL	32963

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: Paul Palestrini DATE: 4/22/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)

**12. OFFICERS AND DIRECTORS**

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DEGER, TOM	
STREET ADDRESS	1810 E SANDPOINTE PLACE	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCNALLY, ROBERT C	
STREET ADDRESS	1850 CUTLASS COVE DR	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CONNOLLY, SPIKE	
STREET ADDRESS	611 HOLLY RD	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	NORDIN, SVEN	
STREET ADDRESS	1807 E SANDPOINTE PL	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LITTLE, JOHN D	
STREET ADDRESS	1010 TOBAGO TERR	
CITY - ST - ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TOM DEGER
1.3 STREET ADDRESS	1810 E. SANDPOINTE PLACE
1.4 CITY - ST - ZIP	VERO BEACH, FL 32963
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CONNOLLY, SPIKE
3.3 STREET ADDRESS	1614 W. SANDPOINTE PLACE
3.4 CITY - ST - ZIP	VERO BEACH, FL 32963
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOHN BURNS
4.3 STREET ADDRESS	1811 E. SANDPOINTE PLACE
4.4 CITY - ST - ZIP	VERO BEACH, FL 32963
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WILLIAM B. ROMAN
5.3 STREET ADDRESS	1806 E. SANDPOINTE PLACE
5.4 CITY - ST - ZIP	VERO BEACH, FL 32963
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John D. Burns John D. Burns (561) 231-7930

CR2E037 (10/97)