


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>Sandra 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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**4445 N AIA  
150 A  
Vero Beach  
FL 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

10. Name and Address of New Registered Agent

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

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

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 Palestini DATE 4/22/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD DEGER, TOM 1810 E SANDPOINTE PLACE VERO BEACH FL</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD MCNALLY, ROBERT C 1850 CUTLASS COVE DR VERO BEACH FL</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD CONNOLLY, SPIKE 611 HOLLY RD VERO BEACH FL</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD NORDIN, SVEN 1807 E SANDPOINTE PL VERO BEACH FL</b>	<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD LITTLE, JOHN D 1010 TOBAGO TERR VERO BEACH FL</b>	<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD CONNOLLY, SPIKE 1614 W. SANDPOINTE PLACE VERO BEACH, FL 32963</b>	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD JOHN BURNS 1811 E. SANDPOINTE PLACE VERO BEACH, FL 32963</b>	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD WILLIAM B. ROMAN 1806 E. SANDPOINTE PLACE VERO BEACH, FL 32963</b>	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 J. Burns (561) 231-7930

CR2E037 (10/97)