

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 20, 1999 8:00 am  
Secretary of State

07-20-1999 90014 003 \*\*\*\*61.25

DOCUMENT # N26188 ✓

1. Corporation Name

SANDPOINTE PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

1810 E SANDPOINTE PLACE  
VERO BEACH FL 32963  
US

Mailing Address

4445 N A1A  
150A  
VERO BCH FL 32963  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/29/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0259568

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEROICES, CAMCO  
4445 N A1A STE 150A  
VERO BCH FL 32963

81 Name Tom Degee

82 Street Address (P.O. Box Number is Not Acceptable)

1810 E. Sandpointe Place

83

84 City Vero Beach

FL

85 Zip Code  
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 Thomas Degee, Secretary/Treasurer

7/6/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME DEGER, TOM  
STREET ADDRESS 1810 E SANDPOINTE PLACE  
CITY-ST-ZIP VERO BEACH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

S/T D ☒ Change ☐ Addition  
DEGER, TOM  
1810 E. SANDPOINTE PLACE  
VERO BEACH, FL 32963

TITLE PD ☒ DELETE  
NAME MCNALLY, ROBERT C  
STREET ADDRESS 1850 CUTLASS COVE DR  
CITY-ST-ZIP VERO BEACH FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

VPD ☒ Change ☐ Addition  
THURN, MARK  
1966 27th Ave  
VERO BEACH, FL 32960

TITLE VSPT ☒ DELETE  
NAME CONNOLLY, SPIKE  
STREET ADDRESS 1614 W SANDPOINTE PL  
CITY-ST-ZIP VERO BCH FL 32963

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

D ☒ Change ☐ Addition  
BARKHORN, Ed  
41 W. Sandpointe Place  
VERO BEACH, FL 32963

TITLE VPD ☐ DELETE  
NAME BURNS, JOHNNY  
STREET ADDRESS 1811 E SANDPOINTE PL  
CITY-ST-ZIP VERO BCH FL 32963

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

PD ☒ Change ☐ Addition  
BURNS, John  
1811 E. Sandpointe Place  
VERO BEACH, FL 32963

TITLE D ☐ DELETE  
NAME ROMAN, WILLIAM B  
STREET ADDRESS 1806 E SANDPOINTE PL  
CITY-ST-ZIP VERO BCH FL 32963

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

D ☐ Change ☐ Addition  
ROMAN, William B.  
1806 E. Sandpointe Place  
VERO BCH FL 32963

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

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