## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # N41428	3 (6)			
SANDPOINTE' LEASEHOLDERS' ASSOCIATION, INC.					
Principal Place of Business Mailing Address				L KARININE BIT BENRE ILANG DIRIG TEDET SELF BEGET ALBER DIRIY BERLE STRIL BIRTH FIRM	
342 FT PICKENS ROAD PENSACOLA BEACH FL 32561  342 FT PICKENS ROAD PENSACOLA BEACH FL 32561  342 FT PICKENS ROAD PENSACOLA BEACH FL 32561			2561	3. Date Incorporated or Qualified 12/20/1990	
				4. FEI Number Applied For S9-3070456 Not Applicable	
2. Principal Pi	lace of Business	2a. Mailing Address		Certificate of Status Desired     S. Certificate of Status Desired     See Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State	9	City & State		Trust Fund Contribution	
Zip	Country	Zip	Country	Yes No	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
			81 Nam	ne	
ODOM, WALLACE S. 342 FT. PICKENS RD			<b>82</b> Stre	et Address (P.O. Box Number is Not Acceptable)	
PENSACOLA BCH FL 32561			83		
			84 City	F1 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the above-name		
agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligat	it Florida. Such change was i ions of, Section 617.0503, Fk	authorized by the c orida Statutes.	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE _	Signature, typed or printed name of registered agent	and title it grotophie (hiOT	E. Registered Agest sings	ture required when reinstating) DATE	
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	00	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	ODOM, WALLACE		1.2 NAME		
STREET ADDRESS	342 FT PICKENS RD		1.3 STREET ADDRES	s	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY+ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	Change Addition	
NAME	DEMILLEY, WILLIAM B JR		2.2 NAME		
STREET ADDRESS	366 FT PICKENS RD		2.3 STREET ADDRES	s (	
CITY-ST-ZIP	PENSACOLA EBACH FL	Perere	2.4 CITY-ST-ZIP		
TITLE	STD PRANDON POPERT (CART)	DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	BRANDON, ROBERT (CAPT)		3.2 NAME	_	
STREET ADDRESS	354 FT. PICKENS RD PEMSACOLA BEAHC FL		3.3 STREET ADDRES	°	
CITY-ST-ZIP TITLE	I EMONOULA DEATO FE	DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRES	s	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	1	
TOTLE		DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRES	s	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME	ľ	
STREET ADDRESS			6 3 STREET ADDRES	s	
CITY OF THE			6.4 CITY OT 710	ı	

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:

OBERT BRANDON

9049340048

**FILED** 

Feb 17 1998 8:00am

Secretary of State