FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003270 (6)**

1. Corporation Name

SANDS POINT CONDOMINIUM ASSOCIATION, INC. OF ORM OND BEACH

Principal Place of Business	Mailing Address
1167 OCEAN SHORE BLVD. ORMOND BCH. FL 32176	1167 OCEAN SHORE BLVD. ORMOND BCH. FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/21/1993**
3a. Date of Last Report: **04/26/1994**
4. FEI Number: **59-2254593** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPAULDING, ROGER A 55 LONGWOOD DR ORMOND BCH. FL 32176	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE (Signature, typed or printed name of Registered Agent and the date of acceptance) (NEW Registered Agent's signature required when changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	D ☐ Change ☒ Addition
NAME	ROSS, LOITA	12 NAME	GARTH SANLFIELD
STREET ADDRESS	1167 OCEAN SHORE BLVD., #11	13 STREET ADDRESS	1167 OCEAN SHORE BLVD #10
CITY ST ZIP	ORMOND BCH. FL	14 CITY ST ZIP	ORMOND BEACH, FL 32174
TITLE	VP	21 TITLE	☒ Change ☐ Addition
NAME	MONOHAN, MARCIA	22 NAME	MONAHAN
STREET ADDRESS	P. O. BOX 3553 N/A	23 STREET ADDRESS	1167 OCEAN SHORE #8
CITY ST ZIP	ORMOND BCH. FL	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	SHEPARD, JO	32 NAME	
STREET ADDRESS	1167 OCEAN SHORE BLVD., #7	33 STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	EVENSON, EDNA	42 NAME	
STREET ADDRESS	1167 OCEAN SHORE BLD., ##	43 STREET ADDRESS	1167 OCEAN SHORE #3
CITY ST ZIP	ORMOND BCH. FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KEARNEY, JOHN	52 NAME	
STREET ADDRESS	1415 OCEAN SHORE BLVD., #408	53 STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Loita Ross 4/28/95 904-441-6224
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (DATE) (Daytime Phone #)

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