FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

Principal Place of Business

N93000003270 (6)

SANDS POINT CONDOMINIUM ASSOCIATION, INC. OF ORM OND BEACH

Mailing Address

FILED
Apr 19 1996 8:00 am
Secretary of State



1167 OCEAN SHORE BLVD. ORMOND BCH. FL 32176		1167 OCEAN SHORE BLVD. ORMOND BCH. FL 32176					
A D:					3. Date Incorporated or Qualified 07/21/1993	3a. Date of Last Report 05/01/1995	
Principal Place of Business 1		2a. Mailing Address	├ ── ~		4. FEI Number	Applied For	
Suite, Apt. #, etc.		26	Surte, Apt. #, etc.		59-2254593	Not Applicable	
22		27 Surie, Apr. #, etc.	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing		
23		28			Trust Fund Contribution	S5.00 May Be Added to Fees	
Z p 24	Country	Zφ			8. This corporation has liability for in-		
24 25 29 3 9. Name and Address of Current Registered Agent			30		Florida Statutes		
	o. Hame did Address of Cult	ant negistered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
SPALIL	DING, ROGER A			1 46			
55 LONGWOOD DR			82	Street Addi	ress (P.O. Box Number is Not Acceptable)	
ORMOND BCH. FL 32176			83				
			84	' '		F1 85 Zip Code	
11. Pursuant I	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	the allove	named corpor	ration submits this statement for the purpo	ose 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE .	·					İ	
12.	Signature, typical or per test notice of experience age: OF FICE DO AT	ol and the dapplears (NOTE ND DIRECTORS	Floyedered Age	disignation requires	distinct recistating	DATL	
TITLE	D	DELETE	11 Hitle		ADD HONS CHANGES TO OFFIC		
NAME	Saalfield, Garth		1.2 NAME			Change Addition	
STREET ADDRESS	1167 OCEAN SHORE BLVD	#10	1.3 STREET	ADDRESS		:	
CITY - ST - ZIP	ORMOND BEACH FL		1.4 CITY - 9			[]	
TITLE	VP □ DELETE		2 1 TIFLE			Change Addition	
NAME	MONAHAN		2.2 NAME				
STREET ADDRESS	1167 OCEAN SHORE #B		2.3 STREET	ADDRESS			
CITY ST-ZIP	ORMOND BCH. FL		2 4 CITY -	T - 719			
TITLE	ST DELETE		3 1 TrTLE			Criange Addition	
NAME STREET ADDRESS	SHEPARD, JO 1167 OCEAN SHORE BLVD.	#7	3.2 NAME				
CITY-ST-ZIP	ORMOND BEACH FL	g # /	3.3 STREET				
TITLE	D DEAGH FE	□ DELETE	3.4 CITY-5	1 - ZIF		☐ Change ☐ Addition	
NAME	EVENSON, EDNA		4 2 NAME			☐ Change ☐ Addition	
STREET ADDRESS	1167 OCEAN SHORE#3		4 3 STAEL	AUDRESS			
CITY-ST-ZIP	ORMOND BCH. FL	. 1	4.4 CITY-S				
TITLE	D	DELETE	5 1 TITLE	P	resident D Loita Ross 167 Ocean Shore Blu Ormand Beh., 41. 32	☐ Change Addition	
NAME	KEARNEY, JOHN	• •	5.2 NAME		sito Ross		
STREET ADDRESS	1415 OCEAN SHORE BLVD.	, #4 08	5 3 STREET	ADDRESS 🧘	167 Ocean Shore Blu	11 #11	
CITY - ST - ZIP	ORMOND BEACH FL		5 4 C(TY - \$	[-2IP	Grand Beh. 31. 32	176	
TITLE		DELETE	6 1 TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS			6.2 NAME				
STREET ADDRESS			63 STREET				
CITY-ST-ZIP			6.4 CITY - S	- Z P			

4. 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)(k). 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DOECTOR

3-25-96

204-441-6726