FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

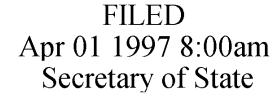
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SANDS POINT CONDOMINIUM ASSOCIATION, INC. OF ORM OND BEACH

Principal Place of Business

Mailing Address

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167 OCEAN SHORE BLVD. DRMOND BCH. FL 32176		1167 OCEAN SHORE BLVD. ORMOND BCH. FL 32176-3762						
					3. Date incorporated or Qualified 07/21/1993	3a. Date of Last Report 04/19/1996		
2. Principal Place of Business			;		4. FEI Number	- 	Applied	For
21		26			59-2254593		Not App	plicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	}	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Added to Fe	
Zip 24	Country 25	Z ₁ p	Count	try	This corporation has liability for Florida Statutes	ntangible Yes	tax under s. 199.	
	9. Name and Address of Current		100,		10. Name and Address of New Re	=		
				1 Nam	6			
SPAULDIN	IG. ROGER A		1	2 Stree	et Address (P.O. Box Number is Not Acceptab	le)		
55 LONGWOOD DR				52 Street Address (F.O. Box Nothber is Not Acceptable)				
	BCH. FL 32176		Ē	3				
			8	4 City			85 Zip Code	1
						FL		
	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa tions of, Section 617.0503,	s authorized Florida Statu	by the c	d corporation submits this statement for the p prporation's board of directors. I hereby accep	ot the appo	ointment as regis	stered
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable. (N	OTE: Registered A	gent signal	ure required when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND		
TITLE	D	☐ DELETE	1.1 TITU	_			☐ Change ☐	Addition
NAME	SAALFIELD, GARTH		1.2 NAM		1			
STREET ADDRESS	1167 OCEAN SHORE BLVD#10	•	1	EET ADDRES	S			
CITY-S1-7IP	ORMOND BEACH FL	TA DELETE		-ST-ZIP			C lobara	Addicas
TITLE	VP	DELETE	2.1 TITL		Mary Crisson V 2314 Sugarcre Lakeland, 41. 3	PU	Change	Adultion
NAME	MONAHAN	, ,	2.2 NAM		2214 SAMALARA	at D	<i>p.</i>	
STREET ADDRESS	1167 OCEAN SHORE #B			ET ADDRES	Lake land St	2201		
CITY - ST - ZIP TITLE	ORMOND BCH. FL	DELETE	2. 4 CIT	Y-ST-ZIP	rane land, 5%	3///	☐ Change ☐	Addition
NAME	ST CHEDARD IO	L. DECENE	3.1 MA					Hougidin
	SHEPARD, JO 1167 OCEAN SHORE BLVD., #	7	L L	EET ADDRES				
STREET ADDRESS		1			\$			
CHY-ST-ZIP TITLE	ORMOND BEACH FL	DELETE	4.1 THTL	r - \$T - ZIP			Change	Addition
NAME	EVENSON, EDNA		4.2 NAM					71201(1011
STREET ADDRESS	1167 OCEAN SHORE#3		J	ET ADDRES				
CITY-S1-ZIP	ORMOND BCH. FL			- ST - ZIP				
TITLE	PD PD	DELETE	5.1 TITU				Change	Addition
NAME	ROSS, LOITA	— · · · ·	5.2 NAM				_ , _	
STREET ADDRESS	1187 OCEAN SHORE BLVD 11			ET ADDRES	s)			
CITY-ST-ZIP	ORMOND BCH FL		1	-ST-ZIP				
TIFLE	VINIVIN PVIIIL	DELETE	6.1 TITL				Change	Addition
NAME			6.2 NAM					
STREET ADDRESS				EET ADDRES	s			
CITY-ST-ZIP				-ST-ZIP				
	by certify that the information supplied	with this filing does not gu			stated in Section 119.07(3)(i), Florida Statute	s. 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 in an attachment with an address.