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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003270 (6)**

1. Corporation Name

SANDS POINT CONDOMINIUM ASSOCIATION, INC. OF ORMOND BEACH

Principal Place of Business

Mailing Address

**1167 OCEAN SHORE BLVD.
ORMOND 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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2254593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SAALFIELD, GARTH**
STREET ADDRESS **1167 OCEAN SHORE BLVD#10**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **VP** ☒ DELETE
NAME **MONAHAN**
STREET ADDRESS **1167 OCEAN SHORE #B**
CITY-ST-ZIP **ORMOND BCH. FL**

TITLE **ST** ☐ DELETE
NAME **SHEPARD, JO**
STREET ADDRESS **1167 OCEAN SHORE BLVD., #7**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **D** ☐ DELETE
NAME **EVENSON, EDNA**
STREET ADDRESS **1167 OCEAN SHORE#3**
CITY-ST-ZIP **ORMOND BCH. FL**

TITLE **PD** ☐ DELETE
NAME **ROSS, LOITA**
STREET ADDRESS **1167 OCEAN SHORE BLVD 11**
CITY-ST-ZIP **ORMOND BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **MARY ERIKSON VPO**
2.3 STREET ADDRESS **2314 Sugar Creek Dr.**
2.4 CITY-ST-ZIP **Lake land, FL 33811**

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

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

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

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

14. I do 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 in an attachment with an address.

SIGNATURE:

Loita Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97

Date

904/441-6226

Daytime Phone 0003581

CR2E037 (9/96)