
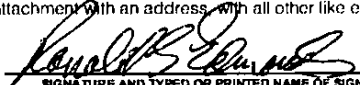


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000000105					
1. Entity Name SANDY POINTE II OF MANATEE COUNTY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3607 EAST BAY DRIVE HOLMES BEACH, FL 34217 US			Mailing Address HOLMES BEACH PROPERTY MANAGEMENT P.O. BOX 1607 HOLMES BEACH, FL 34218 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0704352	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONDRON, THOMAS E 6400 MANATEE AVE W STE G BRADENTON, FL 34209			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME SMITH, DAVE <input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3607 EAST BAY DRIVE, #112	CITY-ST-ZIP HOLMES BEACH, FL 342181164		NAME 	U000000730686 05/08/07-80090-014 61.25	
TITLE VP	NAME MCGRATH, FRANK <input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 210 84TH STREET	CITY-ST-ZIP HOLMES BEACH, FL 34217		NAME 		
TITLE D	NAME KOTLAREK, RENALD <input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4812 SALT MARSH RD	CITY-ST-ZIP MADISON, MD 21648		NAME 		
TITLE ST	NAME EDMONDS, RON <input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3607 EAST BAY DR # 211	CITY-ST-ZIP HOLMES BEACH, FL 34217		NAME 		
TITLE D	NAME TRAVIS, MIKE <input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3607 EAST BAY DRIVE, #103	CITY-ST-ZIP HOLMES BEACH, FL 34217		NAME 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered					
SIGNATURE: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					