

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 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	01182008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0704352				Applied For <input type="checkbox"/> Not Applicable	
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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 STREET ADDRESS 3607 EAST BAY DRIVE, #112 CITY-ST-ZIP HOLMES BEACH, FL 342181164	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 000000918096 05/13/08-80068-024 61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MCGRATH, FRANK STREET ADDRESS 210 84TH STREET CITY-ST-ZIP HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KOTLAREK, RENALD STREET ADDRESS 4812 SALT MARSH RD CITY-ST-ZIP MADISON, MD 21648	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME EDMONDS, RON STREET ADDRESS 3607 EAST BAY DR # 211 CITY-ST-ZIP HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME TRAVIS, MIKE STREET ADDRESS 3607 EAST BAY DRIVE, #103 CITY-ST-ZIP HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Ronald G. Edmonds</i>			4/18/08 9417792018		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		