2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9600000105

FILED Mar 21, 2009 Secretary of State

Entity Name: SANDY POINTE II OF MANATEE COUNTY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3607 EAST BAY DRIVE HOLMES BEACH, FL 34217 US **Current Mailing Address: New Mailing Address:** C/O HOLMES BEACH PROPERTY MANAGEMENT HOLMES BEACH PROPERTY MANAGEMENT P.O. BOX 1607 P.O. BOX 1607 HOLMES BEACH, FL 34218 US HOLMES BEACH, FL 34218 US FEI Number: 65-0704352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONDRON, THOMAS E 6400 MANATEE AVE W STE G BRADENTON, FL 34209 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SMITH, DAVE SMITH, DAVE Name: Name: 3607 EAST BAY DRIVE, #112 Address: 8616 46TH AVENUE CIRCLE WEST Address: BRADENTON, FL 34210 City-St-Zip: HOLMES BEACH, FL 342181164 City-St-Zip: Title: Title: (X) Change () Addition () Delete MCGRATH, FRANK Name: MCGRATH, FRANK Name: Address: 210 84TH STREET Address: 503 70TH STREET City-St-Zip: HOLMES BEACH, FL 34217 City-St-Zip: HOLMES BEACH, FL 34217 Title: () Delete Title: (X) Change () Addition KOTLAREK, RENALD KOTLAREK, REYNALD Name: Name: 4812 SALT MARSH RD Address: Address: 4812 SALT MARSH RD City-St-Zip: MADISON, MD 21648 City-St-Zip: MADISON, MD 21648 Title: ST () Delete Title: () Change () Addition EDMONDS, RON Name: Name: Address: 3607 EAST BAY DR # 211 Address: City-St-Zip: HOLMES BEACH, FL 34217 City-St-Zip: Title: () Delete Title: () Change () Addition TRAVIS, MIKE Name: Name: 3607 EAST BAY DRIVE, #103 Address: Address: City-St-Zip: HOLMES BEACH, FL 34217 City-St-Zip: Title: () Delete Title: () Change (X) Addition CONDRON TOM Name: Name: Address: Address: 6400 MANATEE AVENUE WEST SUITE G BRADENTON, FL 34209 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM CONDRON M 03/21/2009