

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 737942

**Entity Name:** SANDS POINT CONDOMINIUM ASSOCIATION OF LONGBOAT  
KEY, INC.

**Current Principal Place of Business:**

100 SANDS POINT RD  
LONGBOAT KEY, FL 34228

**Current Mailing Address:**

100 SANDS POINT RD OFFICE  
LONGBOAT KEY, FL 34228 US

**FEI Number:** 59-1735267

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANDS POINT CONDOMINIUM ASSOCIATION OF LONGBOAT KEY, INC.  
100 SANDS PT RD OFFICE  
LONGBOAT KEY, FL 34228 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:** PETER FRYZEL

05/21/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            OCHSNER, PETER  
Address        100 SANDS POINT RD  
                  UNIT 111  
City-State-Zip: LONGBOAT KEY FL 34228

Title            PRESIDENT  
Name            FRYZEL, PETER  
Address        100 SANDS POINT RD  
                  UNIT 312  
City-State-Zip: LONGBOAT KEY FL 34228

Title            DIRECTOR  
Name            MITCHELL, THOMAS  
Address        100 SANDS POINT RD  
                  UNIT 325  
City-State-Zip: LONGBOAT KEY FL 34228

Title            DIRECTOR  
Name            DUBBS, THOMAS  
Address        100 SANDS POINT RD  
                  UNIT 123  
City-State-Zip: LONGBOAT KEY FL 34228

Title            SECRETARY  
Name            WARE, LINDA  
Address        100 SANDS POINT RD  
                  UNIT 316  
City-State-Zip: LONGBOAT KEY FL 34228

Title            DIRECTOR  
Name            MULLER, THOMAS  
Address        100 SANDS POINT RD  
                  UNIT 115  
City-State-Zip: LONGBOAT KEY FL 34228

Title            VP  
Name            MULLER, GEORGE  
Address        100 SANDS POINT RD  
                  UNIT 105  
City-State-Zip: LONGBOAT KEY FL 34228

*I hereby 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 all other like empowered.*

**SIGNATURE:** FRYZEL , PETER

PRESIDENT

05/21/2024

Electronic Signature of Signing Officer/Director Detail

Date