


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91011 008 ****61.25

DOCUMENT # 729107
 1. Entity Name
SAND CLIFFS OWNERS ASSOCIATION, INC.



Principal Place of Business
 9064 E COUNTY HWY 30-A
 PANAMA CITY, FL 32413 US

Mailing Address
 9064 E COUNTY HWY 30-A
 PANAMA CITY, FL 32413 US

94081194



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

04262004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
 GUZMAN, MANUEL
 9064 E. COUNTY HWY 30-A
 PANAMA CITY BCH, FL 32413

7. Name and Address of New Registered Agent
 Name **DAVID LEUZE**
 Street Address (P.O. Box Number is Not Acceptable)
9064 E. Co. Hwy 30-A
 City **Panama City Beach** FL Zip Code **32413**

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 *David F. Lenze* **David F. Lenze, Mgr.** **4/29/04**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BYERS, DAVID	
STREET ADDRESS	9064 E. CO HWY 30-A	
CITY-ST-ZIP	PANAMA CITY, FL 32413	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BROACH, ROBERT	
STREET ADDRESS	1806 HILLWOOD DR.	
CITY-ST-ZIP	MONTGOMERY, AL 36106	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCORMACK, BEE	
STREET ADDRESS	1304 DAWSON RD.	
CITY-ST-ZIP	ALBANY, GA 31707	
TITLE	P	<input type="checkbox"/> Delete
NAME	AMBERSON, GENIE	
STREET ADDRESS	2700 ARLINGTON AVE. S.	
CITY-ST-ZIP	BIRMINGHAM, AL 35205	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYES, BURKE	
STREET ADDRESS	P.O. BOX 417	
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, PEGGY	
STREET ADDRESS	1625 RABKE RD	
CITY-ST-ZIP	CANTON, GA 30114	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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: *David Byers* **David Byers** **4/30/04** **858-231-4621**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #