

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729107

FILED
Mar 01, 2007
Secretary of State

Entity Name: SAND CLIFFS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9064 E COUNTY HWYU 30-A
PANAMA CITY, FL 32413 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1546818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, RANDY
9064 E. COUNTY HWY 30-A
PANAMA CITY BCH, FL 32413 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: OTTEWILL, BILL
Address: P.O. BOX 36
City-St-Zip: SHALIMAR, FL 32579

Title: VP () Delete
Name: GILL, RICHARD
Address: 3140 SOUTHVIEW
City-St-Zip: MONTGOMERY, AL 36106

Title: S () Delete
Name: MCCORMACK, BEE
Address: 1304 DAWSON RD.
City-St-Zip: ALBANY, GA 31707

Title: D () Delete
Name: HARDIGREE, RANDY
Address: 1619 ASHWOOD LANE
City-St-Zip: BIRMINGHAM, AL 35209

Title: TR () Delete
Name: HEASLETT, SHEILA
Address: PO BOX 5602
City-St-Zip: DOTHAN, AL 36302

Title: D () Delete
Name: GRANT, BERRY F
Address: 3652 OAK GROVE CIRCLE
City-St-Zip: MONTGOMERY, AL 36116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM OTTEWILL

PD

03/01/2007

Electronic Signature of Signing Officer or Director

_____ Date