

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729107

**FILED**  
**Jan 22, 2013**  
**Secretary of State**  
**CC2155249849**

**Entity Name:** SAND CLIFFS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-1546818**

**Certificate of Status Desired: No**

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

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

**Officer/Director Detail :**

Title PD  
Name ETTEN, MARV  
Address PO BOX 8516  
City-State-Zip: SENECA SC 29678

Title TREASURER  
Name HAYES, BURKE  
Address PO BOX 428  
City-State-Zip: BLOUNTSVILLE FL 32424

Title SECRETARY  
Name BROACH, ROBERT  
Address 1806 HILLWOOD DRIVE  
City-State-Zip: MONTGOMERY AL 36106

Title VP  
Name ADAMS, KAYE  
Address 812 CALEDONIAN WAY  
City-State-Zip: BIRMINGHAM AL 35242

Title D  
Name DOVE, JOHN  
Address 56 FOXCHASE  
City-State-Zip: DOTHAN AL 36305

Title D  
Name GILL, RICHARD  
Address 3140 SOUTHVIEW  
City-State-Zip: MONTGOMERY AL 36106

Title DIRECTOR  
Name HAMILTON, CEIL  
Address 1081 MONTEZUMA ROAD  
City-State-Zip: GREENVILLE AL 36037

*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: MARV ETTEN**

**PRESIDENT**

**01/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date