

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729107 (3)
 1. Corporation 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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1974		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.			26	Suite, Apt. #, etc.		
22	City & State			27	City & State		
23	Zip	Country	25	Zip	Country	29	30
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

MICKLE, LINDA
9064 E COUNTY HWY 30-A

PANAMA CITY FL 32413

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	OWENS, JIM	1.2 NAME	E. Todd Sharley, Jr
STREET ADDRESS	232 BIG CANOE	1.3 STREET ADDRESS	3233 SALISBURY RD
CITY-ST-ZIP	BIG CANOE FL	1.4 CITY-ST-ZIP	B'HAM, AL 35213
TITLE	VPD	2.1 TITLE	VICE-PRESIDENT
NAME	SHARLEY, TODD	2.2 NAME	JOHN DUBE
STREET ADDRESS	3233 SALISBURY RD	2.3 STREET ADDRESS	59 FOXCHASE DR.
CITY-ST-ZIP	BIRMINGHAM FL	2.4 CITY-ST-ZIP	DOTHAN, AL 36301
TITLE	SD	3.1 TITLE	DIRECTOR
NAME	MCCORMACK, BEE	3.2 NAME	William Whit
STREET ADDRESS	1304 DAWSON ROAD	3.3 STREET ADDRESS	3513 COLD HARBOR LAKE
CITY-ST-ZIP	ALBANY GA	3.4 CITY-ST-ZIP	B'HAM, AL 35223
TITLE	TD	4.1 TITLE	DIRECTOR
NAME	DEESE, HAROLD	4.2 NAME	PHIL KIENLEN
STREET ADDRESS	4011 VALENCIA CT	4.3 STREET ADDRESS	1716 PERSIMMON LANE
CITY-ST-ZIP	PANAMA CITY BEACH FL	4.4 CITY-ST-ZIP	KNOXVILLE, TN 37922
TITLE	GM	5.1 TITLE	TREASURER
NAME	MICKLE, LINDA A	5.2 NAME	CYNTHIA WHITE
STREET ADDRESS	9064 E COUNTY HWY 30-A	5.3 STREET ADDRESS	167 N. MAIN ST.
CITY-ST-ZIP	CARROLLTON GA	5.4 CITY-ST-ZIP	MENDENHALL, MS 39114
TITLE		6.1 TITLE	DIRECTOR
NAME		6.2 NAME	MARGARET JOHNSON
STREET ADDRESS		6.3 STREET ADDRESS	RT 1 BOX 72
CITY-ST-ZIP		6.4 CITY-ST-ZIP	QUINCY, AL 32351

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Todd Sharley 6/12/96 205/322-7500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)