

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729107

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC0881956250**

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

**Current Principal Place of Business:**

9064 E COUNTY HWY 30-A  
SEACREST BEACH, FL 32461

**Current Mailing Address:**

9064 E COUNTY HWY 30-A  
SEACREST BEACH, FL 32461 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  
SEACREST BEACH, FL 32461 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           TREASURER  
Name           ETTEN, MARV  
Address        PO BOX 8516  
City-State-Zip: SENECA SC 29678

Title           SECRETARY  
Name           HEASLETT, SHEILA  
Address        9064 E COUNTY HWY 30-A  
City-State-Zip: PANAMA CITY BEACH FL 32413

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

Title           DIRECTOR  
Name           FRANCOEUR, DAVID  
Address        9064 E COUNTY HWY 30-A  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title           DIRECTOR  
Name           SWINSON, JENNIE  
Address        2702 GLENN HAVEN BLVD  
City-State-Zip: HOUSTON TX 77025

Title           DIRECTOR  
Name           SHARLEY, TODD  
Address        3233 SALISBURY ROAD  
City-State-Zip: BIRMINGHAM AL 35213

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

*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: RICHARD GILL**

**PRESIDENT**

**01/09/2017**

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

\_\_\_\_\_  
Date