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: DAVID FRANCOEUR

PO BOX 5300

City-State-Zip: CANTON GA 30114

Electronic Signature of Signing Officer/Director Detail

#### **DOCUMENT# 729107**

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

## Name and Address of Current Registered Agent:

SMITH, RANDY 9064 E. COUNTY HWY 30-A SEACREST BEACH, FL 32461 US

Date

Certificate of Status Desired: No

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:

Address

Electronic Signature of Registered Agent **Officer/Director Detail :** 

	Title	TREASURER	Title	SECRETARY
	Name	ETTEN, MARV	Name	HEASLETT, SHEILA
	Address	PO BOX 8516	Address	9064 E COUNTY HWY 30-A
	City-State-Zip:	SENECA SC 29678	City-State-Zip:	PANAMA CITY BEACH FL 32413
	Title	VP	Title	PRESIDENT
	Name	GILL, RICHARD	Name	FRANCOEUR, DAVID
	Address	3140 SOUTHVIEW	Address	9064 E COUNTY HWY 30-A
	City-State-Zip:	MONTGOMERY AL 36106	City-State-Zip:	PANAMA CITY BEACH FL 32413
	Title	DIRECTOR	Title	DIRECTOR
	Name	SWINSON, JENNIE	Name	SHARLEY, TODD
	Address	2702 GLENN HAVEN BLVD	Address	3233 SALISBURY ROAD
	City-State-Zip:	HOUSTON TX 77025	City-State-Zip:	BIRMINGHAM AL 35213
	Title	DIRECTOR		
	Name	MOORE, PEGGY		

PRESIDENT

Date

01/29/2019