

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729107

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

**FILED  
Feb 01, 2021  
Secretary of State  
6509819683CC**

**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           VP  
Name           GILL, RICHARD  
Address        3140 SOUTHVIEW  
City-State-Zip: MONTGOMERY AL 36106

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

Title           SECRETARY  
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           MOORE, PEGGY  
Address        PO BOX 5300  
City-State-Zip: CANTON GA 30114

Title           DIRECTOR  
Name           SCHNEIDER, RENEE  
Address        9064 E COUNTY HWY 30-A  
City-State-Zip: SEACREST BEACH FL 32461

*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**

**PRESIDENT**

**02/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date