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Feb 26, 1999 8:00 am
Secretary of State

0010069

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-26-1999 90061 024 ****61.25

DOCUMENT # 729107

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/20/1974
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1546818
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing <input type="checkbox"/>
		Trust Fund Contribution
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, MARGARET
 9064 E COUNTY HWY
 30-A
 PANAMA CITY BCH FL 32413

10. Name and Address of New Registered Agent

81 Name
Sharon Burroughs

82 Street Address (P.O. Box Number is Not Acceptable)
9064 E. County Hwy 30A

83

84 City
Panama City Beach FL

85 Zip Code
32413

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 *Sharon Burroughs* resident property manager 1-14-99
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DUNCAN, JERRY	
STREET ADDRESS	1800 INDIAN CREEK CIRCLE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DOVE, JOHN	
STREET ADDRESS	59 FOXCHASE DRIVE	
CITY-ST-ZIP	DOTHAN AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, MARCUS	
STREET ADDRESS	305 LINCOLN ST	
CITY-ST-ZIP	FAIRHOPE AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDIGREE, RANDY	
STREET ADDRESS	1619 ASHWOOD LANE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, CYNTHIA	
STREET ADDRESS	167 N MAIN STREET	
CITY-ST-ZIP	MENDENHALL MS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, MARGARET	
STREET ADDRESS	RT 1 BOX 72	
CITY-ST-ZIP	QUINCY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	T Bobby Broach
1.3 STREET ADDRESS	1806 Hillwood Dr
1.4 CITY-ST-ZIP	Montgomery AL 36106
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Berry Grant
2.3 STREET ADDRESS	3266 Lancaster Lane
2.4 CITY-ST-ZIP	Montgomery AL 36106
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S Bee McCormack
3.3 STREET ADDRESS	1304 Dawson Rd
3.4 CITY-ST-ZIP	Albany GA 30666
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DP David Byers Jr.
4.3 STREET ADDRESS	2424 Riverwood Lane
4.4 CITY-ST-ZIP	Birmingham, AL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Margaret Johnson* SIGNATURE REQUIRED 1-15-99 850-852-5159
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)