

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/10/00-90089-038-\$61.25-\$61.25

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**DOCUMENT # 729107**

1. Entity Name

**SAND CLIFFS OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

9064 E COUNTY HWYU 30-A  
PANAMA CITY FL 32413  
US

9064 E COUNTY HWY 30-A  
PANAMA CITY FL 32413-7126  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1546818**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



00 OCT 27 PM 12:40

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURROUGHS, SHARRON**  
9064 E COUNTY HWY  
30-A  
PANAMA CITY BCH FL 32413

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DUNCAN, JERRY	
STREET ADDRESS	1800 INDIAN CREEK CIRCLE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BROACH, BOBBY	
STREET ADDRESS	1806 HILLWOOD DRIVE	
CITY-ST-ZIP	MONTGOMERY AL 36108	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MARCUS	
STREET ADDRESS	305 LINCOLN ST.	
CITY-ST-ZIP	FAIRHOPE AL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARDIGREE, RANDY	
STREET ADDRESS	1619 ASHWOOD LANE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRANT, BERRY	
STREET ADDRESS	3266 LANCASTER LANE	
CITY-ST-ZIP	MONTGOMERY AL 36108	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, MARGARET	
STREET ADDRESS	RT 1 BOX 72	
CITY-ST-ZIP	QUINCY FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ceil Hamilton	
STREET ADDRESS	1081 Montezuma Rd	
CITY-ST-ZIP	Greenville, AL 36037	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Newt Osborn	
STREET ADDRESS	1013 Standing Boy Court	
CITY-ST-ZIP	Columbus, GA 31904	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peisy Moore	
STREET ADDRESS	1625 Rabke Rd	
CITY-ST-ZIP	Canton GA 30114	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Hansen	
STREET ADDRESS	1011 S. 1200 East	
CITY-ST-ZIP	Salt Lake City UT 84105	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL SAPP'S III	
STREET ADDRESS	443 E. Samford Ave	
CITY-ST-ZIP	Auburn, AL 36830	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Ann Byers	
STREET ADDRESS	1325 Highland Lake Bend	
CITY-ST-ZIP	Birmingham AL 35242	

12. 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 report or supplementing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret Johnson* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00 808370-5759

Date

Daytime Phone #

CR2E037 (9/99)



# Sand Cliffs Condominiums

9064 East County Hwy. 30-A  
Panama City Beach, Florida 32413

850-  
Phone ~~904~~-231-4621

(2)

October 26, 2000

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

I sent the form back by mail the first week June. I am enclosing a copy of the form I corrected and sent back. If I still owe the fine please advise me what to do

Thank You,  
Sharon Burroughs  
Resident manager  
and agent