

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90091 025 \*\*\*\*61.25

**DOCUMENT # 729107**



1. Entity 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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1546818**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GUZMAN, MANUEL  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Manuel Guzman*

4-26-03

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAIN, JIM</b>	
STREET ADDRESS	<b>2535 WILDWOOD DR</b>	
CITY-ST-ZIP	<b>MONTGOMERY AL 36111</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BYRS, DAVID</b>	
STREET ADDRESS	<b>9064 E CO HWY 30 A</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32413</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MCCORMACK, BEE</b>	
STREET ADDRESS	<b>1304 DAWSON RD.</b>	
CITY-ST-ZIP	<b>ALBANY GA 31707</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HEASLETT, SHELIA</b>	
STREET ADDRESS	<b>114 CUMBERLAND DR</b>	
CITY-ST-ZIP	<b>DOTHAN AL 36301</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OHEWILL, WILLIAM</b>	
STREET ADDRESS	<b>12 DORAL DR.</b>	
CITY-ST-ZIP	<b>SHALIMAR FL 32579</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROACH, ROBERT</b>	
STREET ADDRESS	<b>1806 HILLWOOD DR</b>	
CITY-ST-ZIP	<b>MONTGOMERY AL 36106</b>	

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Byers DAVID</b>	
STREET ADDRESS	<b>9064 E Co Hwy 30-A</b>	
CITY-ST-ZIP	<b>Panama City FL 32413</b>	
TITLE	<b>UPH</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Broach Robert</b>	
STREET ADDRESS	<b>1806 Hillwood Dr.</b>	
CITY-ST-ZIP	<b>Montgomery AL 36106</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Genie Amberson</b>	
STREET ADDRESS	<b>2700 Arlington Aves.</b>	
CITY-ST-ZIP	<b>Birmingham AL 35205</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Burke Hayes</b>	
STREET ADDRESS	<b>P.O. Box 417 (9064 E Co Hwy 30-A)</b>	
CITY-ST-ZIP	<b>Blountstown FL Panama City FL 32413</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Peggy Moore</b>	
STREET ADDRESS	<b>1625 Rabke Rd</b>	
CITY-ST-ZIP	<b>Canton GA 30114</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAIN Jim</b>	
STREET ADDRESS	<b>2535 Wildwood DR.</b>	
CITY-ST-ZIP	<b>Montgomery AL 36111</b>	

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 supplemental 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: *Manuel Guzman*

4/26/03 (850) 231-6959

CR2E037 (10/02)