


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90365 037 \*\*\*\*61.25

**DOCUMENT # 759904**

1. Entity Name  
**SANDCASTLES BY THE SEA TOWNHOMES OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**191 BLUE MOUNTAIN RD  
 UNIT 201-BOX #1  
 SANTA ROSA BEACH, FL 32459 US**

Mailing Address  
**1929 WHITEHAWK COURT  
 LAWRENCEVILLE, GA 30043-6641 US**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

04242008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-2824282**

Applied For  
 Not Applicable

Zip Country

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

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

**MORRIS, MARYJO**  
**191 BLUE MOUNTAIN ROAD #201**  
**PO BOX #1**  
**SANTA ROSA BEACH, FL 32459**

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

Name  
**MARY CATHERINE BAILEY**

Street Address (P.O. Box Number is Not Acceptable)  
**191 BLUE MOUNTAIN ROAD #203**

City  
**SANTA ROSA BEACH FL** Zip Code  
**32459**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMALL, BUCK 220 GROGAN LANDING ATLANTA, GA 303503150	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEARD, TODD 2127 L DUDENSLAGER DRIVE THOMPSONS STATION, TN 37179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOBBIN, BOB 1929 WHITEHAWK COURT LAWRENCEVILLE, GA 30043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, MARY C 191 BLUE MOUNTAIN RD SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOMORRIS, MARY 191 BLUE MTN. RD. #201 SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISAACS, RANDY 645 HILL ROAD BRENTWOOD TN 37027-4426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODD BEARD 2127 LOUDENSLAGER DR THOMPSON... STATION TN 37179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERNIE WILLIAMS 4335 MELANIE DRIVE COLLEGE PARK GA 30349	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Bob Dobbin **BOB DOBBIN** SECRETARY-TREASURER 24 APR 2008 404 538 9626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #