

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 770845

1. Entity Name
SAND CASTLE VILLAS OF PANAMA CITY BEACH OWNERS ASSOCIATION, INC.



Principal Place of Business
**700 BARINEAU RD
 TALLAHASSEE, FL 32304**

Mailing Address
**700 BARINEAU RD
 TALLAHASSEE, FL 32304**



02012006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2774254** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**POITINGER, JACK JR
 700 BARINEAU RD
 TALLAHASSEE, FL 32304**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACK L. POTINGER, JR. 700 BARINEAU RD TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PEAY, PAUL 5655 THE TWELFTH FAIRWAY SWANEE, GA 30024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BARRY, SCOTT 8026 DOME LEVEL ROAD TALLAHASSEE, FL 32304
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 02/21/06-80013-016 61.25

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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: Paul G. Peay 2/4/06 770-343-5083
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #