

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90336 040 ****61.25

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	
2. Principal Place of Business - No P.O. Box # 724 CC LAUD RD Suite, Apt. #, etc.		3. Mailing Address PO BOX 684 Suite, Apt. #, etc.	
City & State Eastpoint FL Zip 32328		City & State FL 32328 Zip 32328	
4. FEI Number 59-2774254		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POITINGER, JACK JR 700 BARINEAU RD TALLAHASSEE, FL 32304		7. Name and Address of New Registered Agent Name: <u>Jamie D Crum</u> Street Address (P.O. Box Number is Not Acceptable): <u>724 CC LAUD RD</u> City: <u>Eastpoint</u> FL Zip Code: <u>32328</u>	
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: <u>Jamie D Crum</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <u>4/25/2008</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DST PEAY, PAUL 5655 THE TWELFTH FAIRWAY SWANEE, GA 30024	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUM, JAMIE P O BOX 684 EASTPOINT, FL 32328	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DEANIS, DOUG 2525 NORRIS REED, UNIT 56 COLUMBUS, GA 31907	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: <u>Paul Peay</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/12/08</u> Daytime Phone #: <u>770 813 9186</u>	

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