


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

DOCUMENT # 770845

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



FILED
 08 NOV -4 AM 11:24
 COUNTY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 724 CC LAND RD
 EASTPOINT, FL 32328

Mailing Address
 PO BOX 684
 EASTPOINT, FL 32328



2. Principal Place of Business - No P.O. Box #
9108 Front Beach Road

3. Mailing Address
PO BOX 9454

Suite, Apt. #, etc.

10272008 Chg-NP CR2E037 (12/06)

City & State
Panama City Beach FL

City & State
Panama City Beach FL

Zip
32417

Country
FLA

Zip
32417

Country
FLA

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

**CRUM, JAMIE D
 724 CC LAND RD
 EASTPOINT, FL 32328**

7. Name and Address of New Registered Agent

Name
Brian Hess

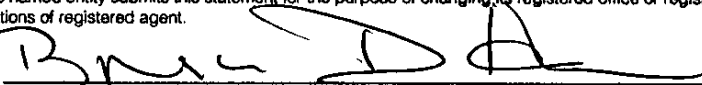
Street Address (P.O. Box Number is Not Acceptable)
9108 Front Beach Road

PO Box 9454

City
Panama City Beach FL

Zip Code
32417

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:  **11/2/08**

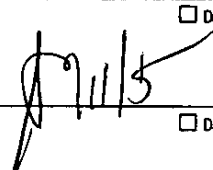
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR 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

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST PEAY, PAUL 5655 THE TWELFTH FAIRWAY SWANEE, GA 30024 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CRUM, JAMIE P O BOX 684 EASTPOINT, FL 32328 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP DEANIS, DOUG 6070 MORNINGSIDE DR COLUMBUS, GA 31909 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input 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 | PD Beth B. White 700 Barineau Rd Tallahassee, FL 32304 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Sharon Mauer 2433 Thomas Drive #184 PANAMA CITY BEACH FL 32408 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Liz Sullivan 2246 Holly Terrace Lane Tallahassee, FL 32309 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000137627110 11/04/08--01043--004 **\$61.25 | <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 | | <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: **Beth B. White Resident 10-29-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BETH B. WHITE 850-575-5704