## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#758809** 

Entity Name: SAND DOLLAR LING

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	A1A SOUTH STINE, FL 32086	)				
Current Mailing Address:				New Mailing Address:		
7990 HWY A1A SOUTH ST AUGUSTINE, FL 32080						
FEI Number:	59-2160319	FEI Number Applied For ( )	FEI Num	nber Not Appl	licable ( ) Certificate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:		Name and	Address of New Registered Agent:	
COASTAL REALTY & PROPERTY MGMT INC 7990 A1A S				COASTAL REALTY & PROPERTY MGMT INC 3942 A1A S		
ST AUGUSTINE, FL 32080 US ST AUGUSTINE, FL 32080 US						
The above in the State	named entity su of Florida.	bmits this statement for the pur	rpose of	changing it	its registered office or registered agent, or both,	
SIGNATURE:				03/27/2009		
	Electronic	Signature of Registered Agent	t		Date	
OFFICERS AND DIRECTORS:				ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	T () D GIDEL, HELEN 502 CAMBRIDGE MOUNT LAUREL,	DR.		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () D KELLER, BRIAN 7990 ALAS SAINT AUGUSTIN			Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition KELLER, BRIAN 7990 ALA S #205 SAINT AUGUSTINE, FL 32080	
Title: Name: Address: City-St-Zip:	D () D SMITH, GERALD P.O. BOX 1033 CASHIERS, NC 2			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () D DIETRICH, WILLI 2973 BERNICE D JACKSONVILLE,	AM RIVE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () D MCCALL, PETER 3524 NW 7TH PL GAINESVILLE, FL	ACE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () D SULLIVAN, DAVIE 2404 COVINGTOI JACKSONVILLE,	) N CREEK DR. W.		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE HOLBROOK MGR 03/27/2009