

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762046

FILED
Mar 20, 2009
Secretary of State

Entity Name: SAND DOLLAR II, INC.

Current Principal Place of Business:

8000 HIGHWAY A1A SOUTH
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

7990 A1A SOUTH
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-2291224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COASTAL REALTY & PROPERTY MGMT INC.
3942 A1A SOUTH
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: HODGSON, PETER
Address: 290 WOODLAWN AVENUE
City-St-Zip: ATHENS, GA 30606

Title: ST () Delete
Name: ESPOSITO, ROCCO
Address: 8000 A1A SOUTH #208
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: S3 () Delete
Name: BANCROFT, JOE
Address: 4618 LONG BOLD RD S.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: BLAIR, ED
Address: 8000 A1A SOUTH #205
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: P (X) Delete
Name: BERGERON, TERRY
Address: 8000 AIAS. 507
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D (X) Delete
Name: CUBTADI, LOUIS
Address: 8000 A, R, S., #401
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HODGSON, PETER
Address: 290 WOODLAWN AVENUE
City-St-Zip: ATHENS, GA 30606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S3 (X) Change () Addition
Name: BANCROFT, JOE
Address: 4618 LONG BOW RD S.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Change () Addition
Name: BLAIR, ED
Address: 800 SOQUE WINDERNESS ROAD
City-St-Zip: CLARKSVILLE, GA 30523

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUZANN HOLBROOK

MGR

03/20/2009

Electronic Signature of Signing Officer or Director

Date