2008 NOT-FOR-PROFIT CORPORATION

FILED Feb 14, 2008 8:00 am Secretary of State 02-14-2008 90026 029 ****61.25

ANNUAL REPORT	
DOCUMENT # 766934	
1. Entity Name SAND DOLLAR III, INC.	

DOCUMENT # 766934 1. Entity Name SAND DOLLAR III, INC.						JZ-14-200 8	90026 (129	61.23	
Principal Place of Business 8050 A1A SOUTH - OFFICE SAINT AUGUSTINE, FL 32080-8371 US Mailing Address 8050 A1A SOUTH - OFFICE SAINT AUGUSTINE, FL 32080-8371 US				S		· :				
2. Principal P	Place of Business - No P.O. Box #	# 3. Mail	ing Address							
Suite, Apt.	#, etc.	Su	ite, Apt. #, etc.			01312008 Ch	ng-NP	CR2E037	7 (12/06)	
City & State	6	Cit	y & State			4. FEI Number 59-226957	5			oplied For ot Applicable
Zip	Country	Zip)	Country _	•	5. Certificate of Sta	atus Desired		8.75 Add ee Require	
	6. Name and Address of Cu	urrent Registere	d Agent			7. Name and Add	ress of New Re	gistered A	gent	
ELACLED	COASTAL COMMUNITY	MANACEME	- NIT	Name						
FLAGLER COASTAL COMMUNITY MANAGEMENT 8050 A1A SOUTH - OFFICE SAINT AUGUSTINE, FL 32080			Street	Address (I	P.O. Box Number is N	Not Acceptable))			
	,									
				City		·		FL	Zip Cod	6
8. The above	named entity submits this statem	nent for the purp	ose of changing its	registered office of	or register	ed agent, or both, in	the State of Flor		miliar with,	and accept
	ions of registered agent.			•	•					.
SIGNATURE .	Signature, typed or printed name of registere	ed agent and title if app	licable. (NOT	E: Registered Agent signa	ature required	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008			mpaign Financing Contribution.		\$5.00 May Be Added to Fees		ike check da Departi		
10.	Due by May 1, 2008	ND DIRECTORS				\$5.00 May Be Added to Fees	Flori	da Departi	ment of Si	tate
10. TITLE	Due by May 1, 2008	ND DIRECTORS	Trust Fund (Contribution.		Added to Fees ADDITIONS/CHANGE	Flori	da Departi	ment of Si	tate
	Due by May 1, 2008 OFFICERS AF	ND DIRECTORS		Contribution.	Pres	Added to Fees DDITIONS/CHANGE LACKT	Florio	da Departi	nent of SI	tate
TITLE	OFFICERS AT		Trust Fund (11.	Pres	Added to Fees DDITIONS/CHANGE LACKT	Florio	da Departi	nent of SI	tate
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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:	prma Eastes/cam	agent	2-7-08	904-471-6606
	SÍGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI	CER OR DIRECTOR	Date	Daytme Phone #