

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 22, 2008
Secretary of State

DOCUMENT# 766934

Entity Name: SAND DOLLAR III, INC.**Current Principal Place of Business:**8050 A1A SOUTH - OFFICE
SAINT AUGUSTINE, FL 320808371 US**New Principal Place of Business:****Current Mailing Address:**8050 A1A SOUTH - OFFICE
SAINT AUGUSTINE, FL 320808371 US**New Mailing Address:****FEI Number:** 59-2269575**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FLAGLER COASTAL COMMUNITY MANAGEMENT
8050 A1A SOUTH - OFFICE
SAINT AUGUSTINE, FL 32080 US**Name and Address of New Registered Agent:**COASTAL REALTY & PROPERTY MANAGMENT, INC.
3942 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

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: NORMA EASTES/CAM

05/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEVILLE, GUS
Address: 1480 CHATUGE CIRCLE
City-St-Zip: HIAWASSEE, GA 30546

Title: VP () Delete
Name: FEIRMAN, LEON
Address: 24 MAPLE AVE
City-St-Zip: BALA CYNWYD, PA 19004

Title: D () Delete
Name: MCGRUFF, PERRY
Address: PO BOX 23400
City-St-Zip: GAINSVILLE, FL 32062

Title: T () Delete
Name: DOZIER, JOHN
Address: 312 SE 15TH AVE
City-St-Zip: OCALA, FL 34471

Title: S () Delete
Name: BARROW, MARK DR
Address: 6419 LATCH STRING CT
City-St-Zip: MELROSE, FL 32666

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: NORMA EASTES/CAM

AGT

05/22/2008

Electronic Signature of Signing Officer or Director

Date