

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005800

FILED  
Mar 24, 2006  
Secretary of State

**Entity Name:** SANDS POINTE HOMEOWNERS' ASSOCIATION OF BAKER COUNTY, INC.

**Current Principal Place of Business:**

13400 SUTTON PARK DRIVE S SUITE 1402  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

13400 SUTTON PARK DRIVE S SUITE 1402  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 59-3807336

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARRISH, CHRISTINA E  
13400 SUTTON PARK DRIVE S SUITE 1402  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

FIRST COAST ASSOCIATION MANAGMENT, LLC  
11555 CENTRAL PARKWAY  
SUITE 1103  
JACKSONVILLE, FL 32224 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: FIRST COAST ASSOCIATION MANAGMENT, LLC

03/24/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: RUDOLPH, MAURICE  
Address: 13400 SUTTON PARK DRIVE S SUITE 1402  
City-St-Zip: JACKSONVILLE, FL 32224

Title: DV ( ) Delete  
Name: MEIDE, MARCUS  
Address: 13400 SUTTON PARK DRIVE S SUITE 1402  
City-St-Zip: JACKSONVILLE, FL 32224

Title: DTS ( ) Delete  
Name: HITE, PATSY A  
Address: 13400 SUTTON PARK DRIVE S SUITE 1402  
City-St-Zip: JACKSONVILLE, FL 32224

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARET STOREY

CFO

03/24/2006

Electronic Signature of Signing Officer or Director

Date