

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 21, 2009  
Secretary of State**

DOCUMENT# N05000005800

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

**Current Principal Place of Business:**

11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

11555 CENTRAL PARKWAY  
SUITE 801  
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:**

FIRST COAST ASSOCIATION MANAGMENT, LLC  
11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224 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: PRES ( ) Delete  
Name: MEIDE, MARCUS  
Address: 13400 SUTTON PARK DRIVE, SUITE 1402  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP ( ) Delete  
Name: POPE, WAYNE  
Address: 13400 SUTTON PARK DRIVE, SUITE 1402  
City-St-Zip: JACKSONVILLE, FL 32224

Title: SECR ( ) 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: VP (X) Change ( ) Addition  
Name: RUDOLPH, MAURICE  
Address: 13400 SUTTON PARK DRIVE, SUITE 1402  
City-St-Zip: JACKSONVILLE, FL 32224

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: FIRST COAST ASSOCIATION MANAGEMENT

RA

01/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date