

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002839

FILED
Apr 17, 2007
Secretary of State

Entity Name: THE FOUNTAINS AT SANDESTIN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10221 EMERALD COAST PKWY WEST
SUITE 23
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PKWY WEST
SUITE 23
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-2891083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMERALD COAST ASSOCIATION MGT
10221 EMERALD COAST PKWY W.
SUITE 23
MIRAMAR BEACH, FL 32550 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: VPDS () Delete
Name: COX, FRED
Address: 8063 FOUNTAINS LANE
City-St-Zip: SANDESTIN, FL 32550

Title: D () Delete
Name: CARTER, LINDA
Address: 8074 FOUNTAINS LANE
City-St-Zip: SANDESTIN, FL 32550

Title: PD () Delete
Name: RISLEY, HOLLIS
Address: 8061 FOUNTAINS LANE
City-St-Zip: SANDESTIN, FL 32550

Title: D () Delete
Name: MOOR, GENE
Address: 3315 CHEROKEE RD.
City-St-Zip: BIRMINGHAM, AL 35223

Title: D () Delete
Name: NG, LEAH
Address: 8072 FOUNTAINS LANE
City-St-Zip: SANDESTIN, FL 32550

Title: D () Delete
Name: HEATH, DEENA
Address: 64 ST. ANDREWS PLACE
City-St-Zip: JACKSON, MS 39211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPDS (X) Change () Addition
Name: COX, FRED
Address: 8063 FOUNTAINS LANE
City-St-Zip: SANDESTIN, FL 32550

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 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: HOLLIS RISLEY

PD

04/17/2007

Electronic Signature of Signing Officer or Director

Date