2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003642

FILED Feb 26, 2008 Secretary of State

Entity Name: STERLING SANDS CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1080 HWY 98 E DESTIN, FL 32541

Current Mailing Address: New Mailing Address:

1080 HWY 98 E DESTIN, FL 32541

FEI Number: 59-3312374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SUZANNE, BLANKENSHIP ESQ 25 WEST GOVERNMENT STREET PENSACOLA, FL 32502

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DST (X) Change () Addition () Delete ACKERMAN, JANICE ACKERMAN, JANICE Name: Name:

1260 UPLAND AVENUE Address: 295 SPRINGSIDE DRIVE Address:

City-St-Zip: FT WRIGHT, KY 41011 US City-St-Zip: CRESTVIEW HILLS, KY 41017 US

Title: DP () Delete Title: () Change () Addition

ARDEN, MARTIN Name: Name: Address: 6308 RED FOX LANE Address: City-St-Zip: MINNEAPOLIS, MN 55436 US City-St-Zip:

Title: () Delete Title: DVP (X) Change () Addition

EWING, BRANDON SLOTTER, BARRY Name: Name:

923 NORTH TRENTON STREET 5885 CUMMING HIGHWAY SUITE 108-134 Address: Address:

City-St-Zip: RUSTON, LA 71270 US City-St-Zip: SUGARHILL, GA 30518 US

Title: () Delete Title: DVP (X) Change () Addition

Name: LARSON, RONALD Name: LARSON, RONALD Address: 1517 RIDGEMASTER DR Address: 1517 RIDGEMASTER DR City-St-Zip: STATE COLLEGE, PA 16803 City-St-Zip: STATE COLLEGE, PA 16803

Title: DV () Delete Title: DS (X) Change () Addition

DRURY, RALPH DRURY, RALPH Name: Name:

1411 NORTH BECKLEY STATION ROAD 1411 NORTH BECKLEY STATION ROAD Address: Address:

City-St-Zip: LOUISVILLE, KY 40245 US City-St-Zip: LOUISVILLE, KY 40245 US

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: BARBARA SCHINDLER **GM** 02/26/2008