

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03-15-2004 90017 013 ***428.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED 03-15-2004 98-04



MOORE CR2E037 (11/03)

DOCUMENT # N94000004321			
1. Entity Name SANDPRINTS II OWNERS' ASSOCIATION, INC.			
Principal Place of Business 300 PAYNE DR. DESTIN FL 32541		Mailing Address 300 PAYNE DR. DESTIN FL 32541	
2. Principal Place of Business		3. Mailing Address P.O.B. 6656	
Suite, Apt. #, etc.		Suite, Apt. #, etc. MIRIMAR BCH, FLORIDA	
City & State		City & State 32550	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent MEAD, MICHAEL WM 24 WALTER MARTIN RD. FORT WALTON BEACH FL 32548		7. Name and Address of New Registered Agent Name JAMES W. MIDDLETON Street Address (P.O. Box Number is Not Acceptable) 216 N.E. HOSPITAL DRIVE FT. WALTON BEACH City FL Zip Code 32548	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JAMES W. MIDDLETON** *James W. Middleton*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EVANS, JAMES F 2012 WYNNTON RD. COLUMBUS GA 31906 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST DUNCAN, LARRY B 2012 WYNNTON RD. COLUMBUS GA 31906 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HARVEY, ROBERT 300 PAYNE DR. DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICCONI, ROBERT L 300 PAYNE DR., #D-5 DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with or without the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT T. HARVEY 3-04-04 (850) 837-9700

Date

Daytime Phone #