

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004321

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: SANDPRINTS II OWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

4400 HWY 20 EAST  
SUITE 312  
NICEVILLE, FL 32578 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 5263  
NICEVILLE, FL 32578 US

## New Mailing Address:

FEI Number: 59-3336529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANDSBERGER, DARLANE  
4400 HWY 20 EAST  
SUITE 312  
NICEVILLE, FL 32578 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: PD ( ) Delete  
Name: TERRELL, TOM  
Address: 225 COUNTY HWY 1087  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VD ( ) Delete  
Name: MOSON, CAROL  
Address: 2856 SKY HAWK CT  
City-St-Zip: KENNESAW, GA 30152

Title: STD ( ) Delete  
Name: CORRADINO, MICHAEL  
Address: 7810 COOPER CREEK ROAD  
City-St-Zip: COLUMBUS, GA 31909

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TERRELL, TOM  
Address: 225 COUNTY HWY 1087  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: TD (X) Change ( ) Addition  
Name: KENNEDY, KEVIN  
Address: 214 BAYWINDS DR  
City-St-Zip: DESTIN, FL 32541 US

Title: SD (X) Change ( ) Addition  
Name: GOLDEN, KRISTY  
Address: 60 SANDPRINTS DR UNIT B6  
City-St-Zip: DESTIN, FL 32550 US

Title: VD ( ) Change (X) Addition  
Name: CARLBOM, DARRYL  
Address: 996 BRENTMOOR LN  
City-St-Zip: KENNESAW, GA 30144 US

Title: D ( ) Change (X) Addition  
Name: STAGGS, JERRY  
Address: 4690 DERBY LN  
City-St-Zip: SMYRNA, GA 30082 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: TOM TERRELL

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date