

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002560

**Entity Name:** SANDS OF CARRABELLE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC1278946726**

**Current Principal Place of Business:**

104 WEST 4TH AVE  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

PO BOX 14976  
TALLAHASSEE, FL 32317

**FEI Number: 84-1640808**

**Certificate of Status Desired: No**

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

WOODWARD, THOMAS  
104 WEST 4TH AVE  
TALLAHASSEE, FL 32303 US

*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

**Officer/Director Detail :**

Title DP  
Name WOODWARD, THOMAS B  
Address 104 W 4 AVE  
City-State-Zip: TALLAHASSEE FL 32303

Title T  
Name HATCHELL, DANIEL EJR  
Address 1919 FLOWERS CIRCLE  
City-State-Zip: THOMASVILLE GA 31757

Title D  
Name SOLOMAN, SAM  
Address 414 COLDWELL ST  
City-State-Zip: QUINCY FL 32351

Title D  
Name GOGGINS, WELCH  
Address 331 SPRING LAKE ROAD  
City-State-Zip: THOMASVILLE GA 31792

Title PRESIDENT  
Name LEAVINE, CHIP  
Address 4435 ARGYLE LANE  
City-State-Zip: TALLAHASSEE FL 32309

*I hereby 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 all other like empowered.*

**SIGNATURE: DANIEL HATCHELL**

**TREASURER**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date