2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729107

FILED Mar 01, 2007 Secretary of State

Entity Name: SAND CLIFFS OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 9064 E COUNTY HWYU 30-A PANAMA CITY, FL 32413 **Current Mailing Address: New Mailing Address:** 9064 E COUNTY HWY 30-A PANAMA CITY, FL 32413 US FEI Number: 59-1546818 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: SMITH, RANDY 9064 E. COUNTY HWY 30-A PANAMA CITY BCH, FL 32413 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition OTTEWILL, BILL Name: Name: P.O. BOX 36 Address: Address: City-St-Zip: SHALIMAR, FL 32579 City-St-Zip: Title: Title: () Delete () Change () Addition GILL, RICHARD Name: Name: Address: 3140 SOUTHVIEW Address: City-St-Zip: MONTGOMERY, AL 36106 City-St-Zip: Title: () Delete Title: () Change () Addition MCCORMACK, BEE Name: Name: Address: 1304 DAWSON RD. Address: City-St-Zip: ALBANY, GA 31707 City-St-Zip: () Delete Title: Title: () Change () Addition HARDIGREE, RANDY Name: Name: 1619 ASHWOOD LANE Address: Address: City-St-Zip: BIRMINGHAM, AL 35209 City-St-Zip: Title: () Delete Title: () Change () Addition HEASLETT, SHEILA Name: Name: PO BOX 5602 Address: Address: City-St-Zip: DOTHAN, AL 36302 City-St-Zip: Title: () Delete Title: () Change () Addition GRANT, BERRY F Name: Name: Address: 3652 OAK GROVE CIRCLE Address: MONTGOMERY, AL 36116 City-St-Zip: 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: WILLIAM OTTEWILL PD 03/01/2007