DOCUMENT # 759620  1. Entity Name  SAND PEBBLES OF ISLAMORADA ASSOCIATION, INC.						FILED Apr 25, 2000 8:00 an Secretary of State 03-01-2000 90061 029 ****61.25			
80450 OVERSEAS HIGHWAY UNIT 103 ISLAMORADA FL 33038-3751 US		80450 Overseas Highway Unit 103 Islamorada Fl 33036-3751 US				4 <b>48 2</b> 011 A <b>n</b>	DY GRAND SOURB GYAND HOUR DOWN METRY DYDIR OFDIR DEBUT DEFINI	ri All (100)	
2. Principal Pl	ace of Business	3. Mailing Address				DO NOT WRITE IN THIS SPACE			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.						
City & State		City & State				4. FE! Number   Applied For   Not Applied For			
Zip Country		Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Curre	ent Registered Agent				7. Name and	Address of New Registered Agent		
				Name L	ORI	BALL	A		
GOODRICH, BARBARA				Street Address (P.O. Bax Number is Not Acceptable)					
5201 SANDS BLVD.									
CAPE CORAL FL 33914				TSIAMORADA, FL 33036					
				City WASHINGTON, MI BE Zip Code					
8. The above	named entity submits this statemen	nt for the purpose of changing	its register	red office or	register	red agent, or bot	n, in the state of Florida.		
	D. D.	, }		2		_	m - 1 1		
SIGNATURE	May Dolle	<u> </u>	LOR		ALL		33 Feb 00		
l	Signature, typed or printed name of registered a	gent and late if applicable (	NOTE, Register	ed Agent signalu	re required	when reinstating)	DATE		
Fit.E NOW: 9. Election Campaign Fit FEE IS \$61.25 Trust Fund Contribution						O May Be Make Check Payable to to Fees Department of State			
10.	OFFICERS AND	DIRECTORS	11			ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTORS IN	10	
TITLE	PD	Delete	TIT		Pi	D RI BAI	Change	Addition 66	
NAME STREET ADDRESS	GOODRICH, BARBARA		NA STI	ME REET ADDRESS		, <del>si we</del>		<i>i</i> =/ °   □	
CITY-ST-ZIP	5201 SANDS BLVD. CAPE CORAL FL 3914			Y-ST-ZIP		WASHINGTON, MT 48094 33		3303€ 131 □ Addition 5	
TITLE	VD Delute		זמ	LE		Change		Addition 5	
NAME -	KELLOGG, LAWRENCE			ME					
STREET ADDRESS	1 000 CIRTIDE CONCOCIOE			reet adoress IY-ST-ZIP					
CITY-ST-ZIP	MIAMI SHORES FL 33138				<u>'                                    </u>		☐ Change	Addition	
TITLE NAME	STD SHARON, DREYER	☐ Delote	TIT NA	ME SME			Change		
STREET ADDRESS				reet Aodress					
CITY-ST-ZIP	ISLAMORADA FL		Cí	IY-ST-ZIP					
TITLE		☐ Delute		ILE			Change	Addition	
NAME	1		NA NA	ME	1			<b>,</b>	

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

LEAGHATLIOF RECISITARIO DREYER

2-22-00

305-664-9991 Daylime Phone #