2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#759620

FILED Jun 22, 2009 Secretary of State

Entity Name: SAND PEBBLES OF ISLAMORADA ASSOCIATION INC.

urrent F	Principal Place of Business:	New Principal Place	e of Business:
	ERSEAS HIGHWAY		
INIT 103 SLAMOR	ADA, FL 330363751 US		
urrent N	Mailing Address:	New Mailing Addres	ss:
0450 OV	ERSEAS HIGHWAY		
NIT 103	ADA, FL 330363751 US		
	r: 65-0484520 FEI Number Applied For () FEI nce with s. 607.193(2)(b), F.S., the corporation did not recei	Number Not Applicable () ive the prior notice.	Certificate of Status Desired ()
lame and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:
ALLA, LO			
SLAMOR	ERSEAS HWY ADA, FL 33036 US		
SLAMOR he above		se of changing its register	ed office or registered agent, or both,
SLAMOR he above i the Stat	ADA, FL 33036 US e named entity submits this statement for the purpose of Florida.	se of changing its register	ed office or registered agent, or both,
SLAMOR he above the Stat	ADA, FL 33036 US e named entity submits this statement for the purpose of Florida.	se of changing its register	ed office or registered agent, or both, Date
BLAMOR he above the Stat	ADA, FL 33036 US e named entity submits this statement for the purpose of Florida. RE:		
SLAMOR he above the Stat	ADA, FL 33036 US e named entity submits this statement for the purpose of Florida. RE: Electronic Signature of Registered Agent		Date
ELAMOR The above The Stat GNATU FFICER The ame: Idress:	ADA, FL 33036 US e named entity submits this statement for the purpose of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: PD () Delete BALLA, LORI 80450 IVERSEAS HWY	ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

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: LORI BALLA PRES 06/22/2009