

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766934

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: SAND DOLLAR III, INC.

**Current Principal Place of Business:**

8050 A1A SOUTH - OFFICE  
SAINT AUGUSTINE, FL 320808371 US

**New Principal Place of Business:**

**Current Mailing Address:**

8050 A1A SOUTH - OFFICE  
SAINT AUGUSTINE, FL 320808371 US

**New Mailing Address:**

FEI Number: 59-2269575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COASTAL REALTY & PROPERTY MANAGMENT, INC.  
3942 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 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: P ( ) Delete  
Name: NEVILLE, GUS  
Address: 1480 CHATUGE CIRCLE  
City-St-Zip: HIAWASSEE, GA 30546

Title: VP ( ) Delete  
Name: FEIRMAN, LEON  
Address: 24 MAPLE AVE  
City-St-Zip: BALA CYNWYD, PA 19004

Title: D ( ) Delete  
Name: MCGRUFF, PERRY  
Address: PO BOX 23400  
City-St-Zip: GAINSVILLE, FL 32062

Title: T ( ) Delete  
Name: DOZIER, JOHN  
Address: 312 SE 15TH AVE  
City-St-Zip: OCALA, FL 34471

Title: S ( ) Delete  
Name: BARROW, MARK DR  
Address: 6419 LATCH STRING CT  
City-St-Zip: MELROSE, FL 32666

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MCGRUFF, PERRY  
Address: PO BOX 23400  
City-St-Zip: GAINSVILLE, FL 32062

Title: D (X) Change ( ) Addition  
Name: HUSSEY, GINNY  
Address: 8050 A1A SOUTH # 108  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GUS NEVILLE

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date