


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90019 022 ****61.25

DOCUMENT # N01000002240 1. Entity Name SANDPIPER BEACH HOMES ASSOCIATION II, INC.					
Principal Place of Business 300 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034 US			Mailing Address P. O. BOX 3000 AMELIA ISLAND, FL 32035 US		
2. Principal Place of Business - No P.O. Box # Amelia Island Mgmnt		3. Mailing Address Amelia Island Mgmnt			
Suite, Apt. #, etc. 3000 First Coast Hwy		Suite, Apt. #, etc. 3000 First Coast Hwy			
City & State Amelia Island, FL		City & State Amelia Island, FL			
Zip 32034		Country US		4. FEI Number 59-3718987	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GREGORY, DAVID L B % AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034			7. Name and Address of New Registered Agent Name Jack B. Healan, Jr. Street Address (P.O. Box Number is Not Acceptable) 3000 First Coast Hwy City Amelia Island, FL Zip Code 32034		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Jack B. Healan, Jr. <i>[Signature]</i> 3/11/08 <small>Signature, and or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, PHILLIP 95043 SANDPIPER LOOP FERNANDINA BEACH, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOTTS, BILL POB 16209 FERNANDINA BEACH, FL 32035		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCGAHEE, BILL POB 14967 AUGUSTA, GA 30919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i>			3-3-08 904261616 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					