2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# N01000002240

Entity Name: SANDPIPER BEACH HOMES ASSOCIATION II, INC.

Current Principal Place of Business:

AMELIA ISLAND MGMT
3000 FIRST COAST HWY
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
FERNANDINA BEACH, FL 32034 US

Current Mailing Address:

AMELIA ISLAND MGMT
3000 FIRST COAST HWY
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
FERNANDINA BEACH, FL 32034 US

FEI Number: 59-3718987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEALAN, JACK B JR
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034 US

Name and Address of New Registered Agent:

MUIR, ROBERT C III
AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034 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: ROBERT C. MUIR, III 01/25/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALLEN, PHILLIP
Address: 95043 SANDPIPER LOOP
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VD ( ) Delete
Name: BOTTS, BILL
Address: POB 16209
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: STD ( ) Delete
Name: MCGAHEE, BILL
Address: POB 14967
City-St-Zip: AUGUSTA, GA 30919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: BOTTS, WILLIAM M
Address: POB 16209
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: STD (X) Change ( ) Addition
Name: MCGAHEE, WILLIAM
Address: PO BOX 14967
City-St-Zip: AUGUSTA, GA 30919

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: PHILLIP E. ALLEN P 01/25/2009
Electronic Signature of Signing Officer or Director Date