


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N0100002548 1. Entity Name SANDY BEACH ESTATES HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 1949 JESSICA WAY NAVARRE, FL 32566	Mailing Address 1949 JESSICA WAY NAVARRE, FL 32566
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DO NOT WRITE IN THIS SPACE



03032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3523537	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STOPP, MARGARET T ESQ 220 E GARDEN ST 9TH FLOOR PENSACOLA, FL 32501
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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000263194
03/14/05-80086-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEARSON, ANGELO C 2088 JESSICA WAY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SIMMONS, ELIZABETH E 2056 JESSICA WAY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MOODY, KATHARINA 1949 JESSICA WAY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **+ 3-10-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #