

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002548

FILED  
Jun 04, 2008  
Secretary of State

Entity Name: SANDY BEACH ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2017 JESSICA WAY  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

2017 JESSICA WAY  
NAVARRE, FL 32566

**New Mailing Address:**

FEI Number: 59-3523537      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

STOPP, MARGARET T ESQ  
220 E GARDEN ST 9TH FLOOR  
PENSACOLA, FL 32501      US

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

SHORT, CHRISTOPHER D  
2017 JESSICA WAY  
NAVARRE, FL 32566      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: CHRISTOPHER D SHORT

06/04/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: SHORT, CHRISTOPHER D  
Address: 2017 JESSICA WAY  
City-St-Zip: NAVARRE, FL 32566

Title: DS      ( ) Delete  
Name: XUEREB, SHANNON  
Address: 1961 JESSICA WAY  
City-St-Zip: NAVARRE, FL 32566

Title: DT      ( ) Delete  
Name: PECCIA, DON  
Address: 1992 JESSICA WAY  
City-St-Zip: NAVARRE, FL 32566

Title: DV      ( ) Delete  
Name: WALKER, CONNIE D  
Address: 2039 JESSICA WAY  
City-St-Zip: NAVARRE, FL 32566

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

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

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

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

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: CHRISTOPHER D SHORT

DP

06/04/2008

Electronic Signature of Signing Officer or Director

Date