

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02152

FILED  
Mar 27, 2009  
Secretary of State

**Entity Name:** SAND DRIFT BEACH HOUSE CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

955 SCENIC GULF DRIVE  
UNIT 250  
DESTIN, FL 32550 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 70  
WEST POINT, GA 31833 US

**New Mailing Address:**

124 E MIRACLE STRIP PKWY  
SUITE 101  
MARY ESTHER, FL 32569 US

**FEI Number:** 59-2367127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, KAREN  
955 SCENIC GULF DR  
UNIT 410  
DESTIN, FL 32550 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: D ( ) Delete  
Name: BARNWELL, DELLE  
Address: 1111 PROFESSIONAL BLVD.  
City-St-Zip: DALTON, GA 30720

Title: P ( ) Delete  
Name: MAYER, RYAN  
Address: 1003 CAPTAIN ONEAL DR  
City-St-Zip: DAPHNE, AL 36526

Title: SD ( ) Delete  
Name: SCOTT, WILLIAM H III  
Address: 208 N. 18TH ST  
City-St-Zip: LANETT, AL 36863

Title: D ( ) Delete  
Name: WILLIAMS, KAREN  
Address: 955 SCENIC GULF DR UNIT #410  
City-St-Zip: DESTIN, FL 32550

Title: D ( ) Delete  
Name: YARBROUGH, SARA LOU  
Address: 1801 CARTER AVE  
City-St-Zip: COLUMBUS, GA 31906

Title: D ( ) Delete  
Name: WILLIAMSON, DIANE  
Address: 100 W HOSPITAL DR  
City-St-Zip: HATTIESBURG, MS 39402

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

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

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

Title: TD (X) Change ( ) Addition  
Name: SCOTT, WILLIAM H III  
Address: 208 N. 18TH ST  
City-St-Zip: LANETT, AL 36863

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

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

Title: TD (X) Change ( ) Addition  
Name: HUGULEY, SCOTT  
Address: POST OFFICE BOX 673  
City-St-Zip: WEST POINT, GA 31833

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: KAREN WILLIAMS

D

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date