## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02738

FILED Mar 29, 2007 Secretary of State

Entity Name: SANDPRINTS CONDOMINIUM ASSOCIATION, INC. OF DESTIN, FLORIDA

**Current Principal Place of Business: New Principal Place of Business:** 4400 HWY 20 EAST NICEVILLE, FL 32578 **Current Mailing Address: New Mailing Address:** P.O. BOX 5263 NICEVILLE, FL 32578 FEI Number: 59-2462623 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANDSBERGER, DARLANE 4400 HWY 20 EAST SUITE 313 NICEVILLE, FL 32578 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition THYNE, JAMES JR Name: Name: 9305 WHITNEY LANE Address: Address: City-St-Zip: COLLEGE STATION, TX 77845 City-St-Zip: Title: VD ( ) Delete Title: () Change () Addition SANTORO, JOE Name: Name: Address: 4 QUINCY COURT Address: City-St-Zip: TAYLORS, SC 29687 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MANGRUM, RICK CORRADINO, MIKE Name: Name: 534 CREEK POINT WEST 1029 CHRISTMAS COURT Address: Address: City-St-Zip: MOUNT JULIET, TN 37122 City-St-Zip: MIDLAND, GA 31820 Title: TD () Delete Title: D (X) Change ( ) Addition Name: CORRADINO, MIKE Name: HART, STEVE 1029 CHRISTMAS COURT Address: Address: 45 WOODS FORD RD City-St-Zip: MIDLAND, GA 31820 City-St-Zip: SHARPSBURG, GA 30277 Title: () Delete Title: (X) Change ( ) Addition HART, STEVE KENNEDY, KEVIN Name: Name: 45 WOODS FORD ROAD 214 BAYWINDS DRIVE Address: Address: City-St-Zip: SHARPSBURG, GA 30277 City-St-Zip: DESTIN, FL 32541 Title: () Delete Title: (X) Change ( ) Addition KENNEDY. KEVIN TEASLEY, DEAN Name: Name: 1428 QUAIL RUN Address: 214 BAYWINDS DR Address: DESTIN, FL 32541 NASHVILLE, TN 37214 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JIM THYNE PD 03/29/2007