

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02738

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

4400 HWY 20 EAST
SUITE 312
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5263
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-2462623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDSBERGER, DARLANE
4400 HWY 20 EAST
SUITE 312
NICEVILLE, FL 32578 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: PD () Delete
Name: THYNE, JAMES JR
Address: 9305 WHITNEY LANE
City-St-Zip: COLLEGE STATION, TX 77845

Title: VD () Delete
Name: SANTORO, JOE
Address: 4 QUINCY COURT
City-St-Zip: TAYLORS, SC 29687

Title: TD () Delete
Name: CORRADINO, MIKE
Address: 1029 CHRISTMAS COURT
City-St-Zip: MIDLAND, GA 31820

Title: D () Delete
Name: HART, STEVE
Address: 45 WOODS FORD RD
City-St-Zip: SHARPSBURG, GA 30277

Title: D () Delete
Name: KENNEDY, KEVIN
Address: 214 BAYWINDS DRIVE
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: TEASLEY, DEAN
Address: 1428 QUAIL RUN
City-St-Zip: NASHVILLE, TN 37214

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: KENNEDY, KEVIN
Address: 214 BAYWINDS DR
City-St-Zip: DESTIN, FL 32541

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

Title: SD (X) Change () Addition
Name: WARNECKE, KIM
Address: 219 HUGH THOMAS DR
City-St-Zip: PANAMA CITY, FL 32404 US

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: JIM THYNE

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date