

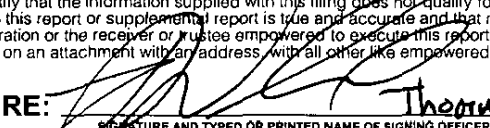


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90213 030 ****61.25

DOCUMENT # N04000002560 1. Entity Name SANDS OF CARRABELLE HOMEOWNERS ASSOCIATION, INC.																																																																																																																																									
Principal Place of Business 104 WEST 4TH AVE TALLAHASSEE, FL 32303			Mailing Address P.O. BOX 180190 TALLAHASSEE, FL 32318																																																																																																																																						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P O Box 14976 Suite, Apt. #, etc.		40089940 																																																																																																																																					
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL		4. FEI Number 84-1640808																																																																																																																																					
Zip 32317		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent WOODWARD, THOMAS 104 WEST 4TH AVE TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																					
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																									
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																					
Make check payable to Florida Department of State																																																																																																																																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Thomas B. Woodward, Pres. <div style="float: right; text-align: right;"> 4-30-08 850-222-4818 <small>Date Daytime Phone #</small> </div>																																																																																																																																									