

**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 #

3. Mailing Address  
P O Box 14976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
TALLAHASSEE, FL

Zip

Zip  
32317

Country  
USA

40089943



04292008 Chg-NP CR2E037 (12/06)

4. FEI Number  
84-1640808

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, THOMAS  
104 WEST 4TH AVE  
TALLAHASSEE, FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME GRANTHUM, OLIN  
STREET ADDRESS PO BOX 180190  
CITY-ST-ZIP TALLAHASSEE, FL 32318

Delete

D/PRES.  
THOMAS B. WOODWARD  
104 W. 4TH AVE  
TALLAHASSEE, FL 32303

Change

Addition

TITLE D  
NAME RODIERK, KRISTEN  
STREET ADDRESS PO BOX 180190  
CITY-ST-ZIP TALLAHASSEE, FL 32318

Delete

TR8S.  
DEREK COFFMAN  
4110 POE PLACE  
TALLAHASSEE, FL 32311

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

SEC.  
KATHY TADDEN  
4262 Little Osprey Dr.  
TALLAHASSEE, FL 32303

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

D  
SHERRY ROWE  
395 MERIDIAN Road  
Thomasville, GA

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

D  
SAM SOLOMAN  
914 Cobwell Street  
Quincy, FL 32351 31792

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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.

4-30-08 850-222-4818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #