

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007122

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** SANDAL BEACH TOWNHOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

254 SOUTH COUNTY HWY 393  
# 4  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

254 SOUTH COUNTY HWY 393  
# 4  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 20-1388375

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KENYON, MARY E  
254 SOUTH COUNTY HWY 393  
# 4  
SANTA ROSA BEACH, FL 32459 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: P ( ) Delete  
Name: HIGGINSON, TRACY  
Address: 7892 WESTBURY CT.  
City-St-Zip: HENDERSON, KY 42420

Title: VP ( ) Delete  
Name: COLLINS, TOM  
Address: PO BOX 6975  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D ( ) Delete  
Name: KENYON, MARY E  
Address: 254 SOUTH COUNTY HWY 393, # 4  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

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

Title: VP (X) Change ( ) Addition  
Name: COLLINS, TOM  
Address: PO BOX 13945  
City-St-Zip: TALLAHASSEE, FL 32317

Title: S/TR (X) Change ( ) Addition  
Name: BASS, BETTY RUTH  
Address: 310 JOCELYN HOLLOW CIRCLE  
City-St-Zip: NASHVILLE, TN 37205

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: MARY E. KENYON

MGR

04/30/2008

Electronic Signature of Signing Officer or Director

Date