


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000007489 1. Entity Name SAND CLIFFS ON THE GULF HOMEOWNERS' ASSOCIATION, INC.	
--	---

Principal Place of Business 169 WALTON BUENA VISTA PANAMA CITY BEACH, FL 32413	Mailing Address 169 WALTON BUENA VISTA PANAMA CITY BEACH, FL 32413
--	--

DO NOT WRITE IN THIS SPACE



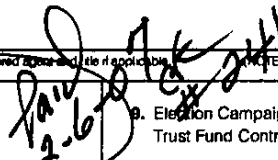
01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1521228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOLDBERG, KENNETH D ESQ. 1725 MAHAN DR., STE. 201 TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

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, if applicable, the name of the registered agent required when reinstating</small>	DATE
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOWNS, JAMES 35 WALTON BONITA DR. PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DALTON, PAMELA 296 SAND CLIFFS DR. PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCLENNY, WALTER 151 WALTON BUENA VISTA DR. PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALL, ARTHUR 169 WALTON BUENA VISTA DR. PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 2-6-07	Daytime Phone #: 850-231-3107
---	---------------------	--------------------------------------