

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000007489

1. Entity Name
**SAND CLIFFS ON THE GULF HOMEOWNERS'
ASSOCIATION, INC.**



FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90047 049 ****61.25

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

01192008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-1521228

Applied For
Not Applicable

5. Certificate of Status Desired

**\$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

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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME **DOWGUL, JAMES**
STREET ADDRESS **35 WALTON BONITA DR.**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE VD
NAME **DALTON, PAMELA**
STREET ADDRESS **296 SAND CLIFFS DR.**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE SD
NAME **MCCLENNY, WALTER**
STREET ADDRESS **151 WALTON BUENA VISTA DR.**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE TD
NAME **HALL, ARTHUR**
STREET ADDRESS **169 WALTON BUENA VISTA DR.**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Arthur M. Hall, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ARTHUR M. HALL

2-8-08

Date

850-231-3107

Daytime Phone #

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IN THIS SPACE**