## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90329 010 \*\*\*\*61.25 DOCUMENT # N05000004076 SANDESTIN PLAYGROUND FOUNDATION, INC. 400001\* Principal Place of Business Mailing Address 9100 BAYTOWNE WHARF BLVD. 9100 BAYTOWNE WHARF BLVD. UNIT B-1 UNIT B-1 SANDESTIN, FL 32550 SANDESTIN, FL 32550 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 20-2710441 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BABCOCK, ROBERT M 9300 HIGHWAY 98 W Street Address (P.O. Box Number is Not Acceptable) SANDESTIN, FL 32550 City 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution Due by May 1, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VD TITLE TITLE ☐ Delete ☐ Change ☐ Addition BABCOCK, ROBERT M NAME NAME STREET ADDRESS 9300 HIGHWAY 98 WEST STREET ADDRESS SANDESTIN, FL 32550 CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STANGE, MIKE NAME NAME STREET ADDRESS 9300 HIGHWAY 98 WEST STREET ADDRESS CITY-ST-ZIP SANDESTIN, FL 32550 CITY-ST-ZIP PD --TITLE -TITLE \_\_ Change \_ \_ Addition Qelete NAME BENSON, RICHARD N NAME STREET ADDRESS 9100 BAYTOWNE WHARF BLVD. STREET ADDRESS CITY-ST-ZIP SANDESTIN, FL 32550 CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ 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 by sustee 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 why an addises, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Defete

4-18-08

Daytime Phone #

☐ Change

☐ Addition

FILED