

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09588

FILED  
Jun 16, 2009  
Secretary of State

Entity Name: SANDOLLAR OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

8460 GULF BLVD., #101  
NAVARRE BEACH, FL 32566 US

**New Principal Place of Business:**

**Current Mailing Address:**

8460 GULF BLVD., #101  
NAVARRE BEACH, FL 32566 US

**New Mailing Address:**

9147 WATSON ROAD  
ST. LOUIS, MO 63126 US

FEI Number: 59-2832249      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SCHUMACK, THOMAS A  
8460 GULF BLVD., #101  
NAVARRE BEACH, FL 32566 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: SCHUMACK, THOMAS A  
Address: 1900 BLANKENSHIP ROAD  
City-St-Zip: NAVARRE, FL 32566

Title: VP ( ) Delete  
Name: NADER, EDWARD JR.  
Address: 524 EAST KINGS HWY  
City-St-Zip: SHREVE PORT, LA 211052032

Title: S ( ) Delete  
Name: WEIDLLCH, HOMER  
Address: 338 MAIN STREET  
City-St-Zip: BAY ST. LOUIS, MS 39520

Title: T ( ) Delete  
Name: BROCKMAN, SONNY  
Address: 9428 TRILLIUM STREET  
City-St-Zip: ST LOUIS, MO 30024

Title: D ( ) Delete  
Name: SCHUMACK, STEPHEN  
Address: 1650 ARCADIA LANE  
City-St-Zip: YUMA, AZ 85364

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

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

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

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

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

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: SONNY BROCKMAN

T

06/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date