2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 11, 2006 8:00 am

DOCUMENT # N10033 1. Entity Name SANDSPUR CONDOMINIUM ASSOCIATION, INC.			(07-11-2006 90026 005 ****61.25			
Principal Place of 261 SANDTRAI DESTIN, FL 32	P RD	Mailing Address 261 SANDTRAP RD DESTIN, FL 32550	us		A PARTIES BALLIER		075N 018N 818N 818N 375T 8150	wal do 1924
2 Principal Plac	un of Rusinese	3. Mailing Address						
2. Principal Place of Business					drin orted (STD AT	i Midit Albii Afali Afan Biats Kin	TITES EI FESI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07072006 C	hg-NP	CR2E037 (4/06)		
City & State		City & State			4. FEI Number 59-257135	 52		optied For ot Applicable
Zip	Country	Zip	Coun	itry	5. Certificate of S	tatus Desired	S8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Add	tress of New R		
WINDES, SI	USAN			Name Rich		ARP		
261 SANDTRAP RD				Street Address (P.O. Box Number is Not Acceptable) 26/ SAMD TRAP Road Unit 3E				
UNIT 2W DESTIN, FL	32550				Z TOP TARE		<u> </u>	
,			City Destin,		(d		FL Zip Cod	50
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 protect indicate and tale of applicable. (NOTE: Registered Agent engineture required when remainstrain) DATE								
s	Signature, typed or printed name of registered agent i	and tate if applicable. (NOTE	: Registered	Agent signature require	ed when reinstating)		DATE	
	Sgreture, typed or proted name of registered agent in Filling Fee is \$61.25 e by September 6, 2006	9. Election Carr Trust Fund C	npaign Fir	nancing	\$5.00 May Be Added to Fees	Flor	lake check payable trida Department of S	tate
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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.

CONATURE:

A C | C | C | (404) 783-0165

SIGNATURE:

7/L OL (404) 783-0165
Date Daylore Prove #