

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90015 021 ****61.25

DOCUMENT # N10033

1. Entity Name
SANDSPUR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**261 SANDTRAP RD
DESTIN, FL 32550 US**

Mailing Address
**261 SANDTRAP RD
DESTIN, FL 32550 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2571352

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARP, RICHARD J
261 SANDTRAP RD
UNIT 3E
DESTIN, FL 32550**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
HARP, RICHARD
261 SANDTRAP RD. 3E
MIRAMAR BEACH, FL 32550 ☐ Delete

☐ Change ☐ Addition

P
PITTS, PHILLIP H
261 SANDTRAP RD
DESTIN, FL 32550 ☒ Delete

OCCIE FREEMAN ☒ Change ☐ Addition
261 Sandtrap Road Unit 2E
Destin, Florida 32550

S
BELL, HELEN
261 SANDTRAP RD
DESTIN, FL 32550 ☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ 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 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:

Richard H. HARP, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/08
Date

(770) 953-2966
Daytime Phone #