2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35625

FILED Apr 30, 2008 Secretary of State

Entity Name: SANDY POINTE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

320 SUNNY DRIVE

MARY ESTHER, FL 32569

Current Mailing Address: New Mailing Address:

320 SUNNY DRIVE 344 BROOKS ST SE

MARY ESTHER, FL 32569 FT. WALTON BEACH, FL 32548

FEI Number: 59-3327996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DILLON, WILLIAM DR

TUCKER, MARY ALICE
320 SUNNY DRIVE

TUCKER, MARY ALICE
344 BROOKS ST SE

MARY ESTHER, FL 32569 US FT. WALTON BEACH, FL 32548 US

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: MARY ALICE TUCKER 04/30/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 DILLON, WILLIAM J
 Name:
 TUCKER, MARY ALICE

 Address:
 320 SUNNY DRIVE
 Address:
 344 BROOKS ST SE

City-St-Zip: MARY ESTHER, FL 32569 City-St-Zip: FT. WALTON BEACH, FL 32548

Title: DV () Delete Title: TD (X) Change () Addition

 Name:
 MCANALLY, JOHN
 Name:
 DODGE, HARRY P

 Address:
 330 SUNNY DR
 Address:
 322 SUNNY DR

City-St-Zip: MARY ESTHER, FL 32569 City-St-Zip: MARY ESTHER, FL 32569

Title: SD (X) Delete Title: () Change () Addition

 Name:
 DILLON, BARBARA
 Name:

 Address:
 320 SUNNY DRIVE
 Address:

 City-St-Zip:
 MARY ESTHER, FL 32569
 City-St-Zip:

 $\label{eq:title:Title:$

 Name:
 DODGE, HARRY P
 Name:

 Address:
 322 SUNNY DRIVE
 Address:

 City-St-Zip:
 MARY ESTHER, FL 32569
 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: MARY ALICE TUCKER PRES 04/30/2008

Electronic Signature of Signing Officer or Director

Date