


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90390 004 \*\*\*\*61.25

<b>DOCUMENT # N94000003642</b>	
1. Entity Name <b>STERLING SANDS CONDOMINIUM OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>1080 HWY 98 E DESTIN FL 32541</b>	Mailing Address <b>1080 HWY 98 E DESTIN FL 32541</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-3312374</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>SUZANNE, BLANKENSHIP ESQ 25 WEST GOVERNMENT STREET PENSACOLA FL 32502</b>
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7. Name and Address of New Registered Agent	
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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
DPT ACKERMAN, JANICE 1260 UPLAND AVENUE FT WRIGHT KY 41011	
DV ARDEN, MARTIN 6308 RED FOX LANE MINNEAPOLIS MN 55436	<input type="checkbox"/> Delete
D EWING, BRANDON 923 NORTH TRENTON STREET RUSTON LA 71270	<input type="checkbox"/> Delete
DS JENKINS, SUZANN 1517 RIDGEMASTER DR STATE COLLEGE PA 16803	<input checked="" type="checkbox"/> Delete
D DRURY, RALPH 1411 NORTH BECKLEY STATION ROAD LOUISVILLE KY 40245	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DST	
DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D Ronald Larson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *M E Arden*

3/7/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #