

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

DOCUMENT # N94000004321

1. Entity Name

SANDPRINTS II OWNERS' ASSOCIATION, INC.



Principal Place of Business

300 PAYNE DR.
DESTIN FL 32541

Mailing Address

P.O. BOX 6656
MIRIMAR BEACH FL 32550

2. Principal Place of Business

60 SANDPRINTS DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DESTIN (MIRAMAR BCH), FL

City & State

Zip

Country

32550 USA

Zip

Country

4. FEI Number

59-3336529

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIDDLETON, JAMES W
216 N.E. HOSPITAL DRIVE
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

DAVID JOHNSTON

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

60 SANDPRINTS DRIVE, UNIT E-2

City

DESTIN (MIRAMAR BEACH), FL

Zip Code

32550-6861

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

David Johnston

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/6/2005

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

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

TITLE DP
NAME EVANS, JAMES F
STREET ADDRESS 2012 WYNNTON RD.
CITY-ST-ZIP COLUMBUS GA 31906 ☒ Delete

TITLE DVST
NAME DUNCAN, LARRY B
STREET ADDRESS 2012 WYNNTON RD.
CITY-ST-ZIP COLUMBUS GA 31906 ☒ Delete

TITLE DST
NAME HARVEY, ROBERT
STREET ADDRESS 300 PAYNE DR.
CITY-ST-ZIP DESTIN FL 32541 ☒ Delete

TITLE D
NAME PICCONI, ROBERT L
STREET ADDRESS 300 PAYNE DR., #D-5
CITY-ST-ZIP DESTIN FL 32541 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIR/PRESIDENT
NAME DENNY OWENS
STREET ADDRESS 2651 RAVENOKES PLACE
CITY-ST-ZIP MARIETTA, GA 30062 ☐ Change ☒ Addition

TITLE DIR
NAME DUNCAN, LARRY B
STREET ADDRESS PO BOX 1007
CITY-ST-ZIP LA GRANGE, GA 30240 ☒ Change ☐ Addition

TITLE DIR/SEC TREAS
NAME WILLIAM W. HARRINGTON
STREET ADDRESS 3270 FLINT DRIVE
CITY-ST-ZIP COLUMBUS, GA 31907-2030 ☐ Change ☒ Addition

TITLE DIR
NAME WILLIAM CULPEPPER
STREET ADDRESS 747 ST JOHN COVE
CITY-ST-ZIP NICEVILLE, FL 32578 ☐ Change ☒ Addition

TITLE DIR
NAME JERRY STAGGS
STREET ADDRESS 4960 DARBY LANE
CITY-ST-ZIP SMYRNA, GA 30082 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D. STENBRIDGE
CPA

Date

Daytime Phone #

678-924-0977