

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004321

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: SANDPRINTS II OWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

60 SANDPRINTS DR  
MIRAMAR BEACH, FL 32550 US

## New Principal Place of Business:

4400 HWY 20 EAST  
SUITE 313  
NICEVILLE, FL 32578 US

## Current Mailing Address:

P.O. BOX 6656  
MIRIMAR BEACH, FL 32550 US

## New Mailing Address:

P.O. BOX 5263  
NICEVILLE, FL 32578 US

FEI Number: 59-3336529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSTON, DAVID  
60 SANDPRINTS DR  
UNIT E-2  
MIRAMAR BEACH, FL 325506861 US

## Name and Address of New Registered Agent:

LANDSBERGER, DARLANE  
4400 HWY 20 EAST  
SUITE 313  
NICEVILLE, FL 32578 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: DARLANE LANDSBERGER

04/28/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: OWENS, DENNY  
Address: 2651 RAVEN OAKES PL  
City-St-Zip: MARIETTA, GA 30062

Title: D ( ) Delete  
Name: DUNCAN, LARRY B  
Address: PO BOX 1007  
City-St-Zip: LAGRANGE, GA 30240

Title: DST ( ) Delete  
Name: HARRINGTON, WILLIAM W  
Address: 3270 FLINT DR  
City-St-Zip: COLUMBUS, GA 319072030

Title: D (X) Delete  
Name: CULPEPPER, WILLIAM  
Address: 747 ST JOHN COVE  
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Delete  
Name: STAGGS, JERRY  
Address: 4960 DARBY LN  
City-St-Zip: SMYRNA, GA 30082

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TERRELL, TOM  
Address: 225 COUNTY HWY 1087  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: STD (X) Change ( ) Addition  
Name: TERRELL, MARY  
Address: 225 COUNTY HWY 1087  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: SD (X) Change ( ) Addition  
Name: LANDSBERGER, DARLANE  
Address: 4400 HWY 20 EAST  
City-St-Zip: NICEVILLE, FL 32578

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM TERRELL

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date