

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 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