

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004321

FILED
Mar 04, 2008
Secretary of State

Entity Name: SANDPRINTS II OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4400 HWY 20 EAST
SUITE 313
NICEVILLE, FL 32578 US

New Principal Place of Business:

4400 HWY 20 EAST
SUITE 312
NICEVILLE, FL 32578 US

Current Mailing Address:

P.O. BOX 5263
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-3336529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LANDSBERGER, DARLANE
4400 HWY 20 EAST
SUITE 312
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:

03/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VPD () Delete
Name: CARLBOM, DARRYL
Address: 996 BRENTWOOD LANE
City-St-Zip: KENNESAW, GA 30144

Title: STD () Delete
Name: CORRADINO, MICHAEL
Address: 7810 COOPER CREEK ROAD
City-St-Zip: COLUMBUS, GA 31909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: MOSON, CAROL
Address: 2856 SKY HAWK CT
City-St-Zip: KENNESAW, GA 30152

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

03/04/2008

Electronic Signature of Signing Officer or Director

Date