2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005318

FILED Apr 24, 2008 Secretary of State

Entity Name: SANDY SHORES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal F	New Principal Place of Business:		
5311 E. CO STE 5	. HWY. 30 A						
	SA BCH, FL 3	2459	US				
Current Mailing Address:				New Mailing Ac	New Mailing Address:		
	JNTY HWY 30	-A					
STE 5 SANTA RO	SA BCH, FL 3	2459	US				
FEI Number:	59-3275709	FEI Nur	mber Applied For()	FEI Number Not Applicable	() Certificate of Status Desired ()		
Name and	Address of Cu	urrent F	Registered Agent:	Name and Addi	ress of New Registered Agent:		
5311 E CO. STE 5	T, WALTER R HWY 30-A SA BCH, FL 3	2459 L	JS				
The above in the State		ubmits t	his statement for the p	urpose of changing its reg	istered office or registered agent, or both,		
SIGNATUR							
Electronic Signature of Registered Agent					Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DV ()E BARTON, PETE 5399 E COUNTY SANTA ROSA BE			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DP () [TAYLOR, ROD PO BOX 611375 ROSEMARY BEA		32461	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DST () [ADEN, BILL 550 WOOD HAVI BLACKSBURG, V		0	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () CHUNG, TED 196 ELDREDGE FT WALTON BEA		32547	Title: Name: Address: City-St-Zip:	()Change()Addition		
Title: Name: Address: City-St-Zip:	D ()[WHALEY, SALLY 3201 BANKHEAD MONTGOMERY,	AVE	16	Title: Name: Address: City-St-Zip:	()Change ()Addition		

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: WALTER R PRITCHETT MGR 04/24/2008