


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90117 044 ****61.25

DOCUMENT # N96000003935 1. Entity Name THE HOMEOWNERS OF SANDPEBBLES, INC.					
Principal Place of Business 3705 SCENIC HWY 98 #1 DESTIN, FL 32541 - US			Mailing Address 407 DUNNIGAN DR VANDALIA, OH 45377		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, JOHN W D 2031 RIVIERA LN S NAVARRE, FL 32566			7. Name and Address of New Registered Agent Name KAY HALL Street Address (P.O. Box Number is Not Acceptable) 3705 SCENIC HIGHWAY 98 #1 City DESTIN FL 32541		
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 <u><i>Key Hall</i></u> - Secretary/treasurer <u>17 Jan 06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIMES, PAT 13570 COUNTY ROAD BANKS, AL 36005	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HALL, KAY 407 DUNNIGAN DR VANDALIA, OH 45377	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OEHME, JACK 232 N SAINT ASAPH ALEXANDRIA, VA 22314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, MIKE 407 DUNNIGAN DR VANDALIA, OH 45377	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, JOHN W 2031 RIVIERA LN S NAVARRE, FL 32566	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANTAMOUR, DARLENE 3705 SCENIC HWY 98 #5 DESTIN, FL 32541	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Key Hall</i></u> ST <u>17 Jan 06</u> (937) 890-9816 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					