


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000003935 1. Entity Name THE HOMEOWNERS OF SANDPEBBLES, INC.	
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Principal Place of Business 3705 SCENIC HWY 98 #1 DESTIN, FL 32541 US	Mailing Address 407 DUNNIGAN DR VANDALIA, OH 45377
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HALL, KAY 3705 SCENIC HIGHWAY 98 #1 DESTIN, FL 32541

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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 _____ (NOTE: Registered Agent Signature required when reinstating) Signature typed or printed name of registered agent and title if applicable. DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000583529 01/11/07-80075-012 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIMES, PAT 13570 COUNTY ROAD BANKS, AL 36005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HALL, KAY 407 DUNNIGAN DR VANDALIA, OH 45377
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OEHME, JACK 232 N SAINT ASAPH ALEXANDRIA, VA 22314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, MIKE 407 DUNNIGAN DR VANDALIA, OH 45377
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, JOHN W 2031 RIVIERA LN S NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANTAMOUR, DARLENE 3705 SCENIC HWY 98 #5 DESTIN, FL 32541

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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: Kay E. Hall **KAY E. HALL** SECRETARY 5 Jan 07 937-681-3490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** Daytime Phone #