

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:08

DOCUMENT # 747273 (1)

1. Corporation Name
SANDPIPER VILLAGE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4701 OLD HWY 98 SUITE C-102B DESTIN FL 32541 US
P.O. BOX 6417 DESTIN FL 32541 US

3. Date Incorporated or Qualified 05/21/1979
3a. Date of Last Report 02/09/1994

4. FEI Number 59-1750945
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 1096 Old Highway 98 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PUCKETT, JOHN E.
-4701 OLD HWY 98, STE C-102B-
DESTIN FL 32541

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1096 Old Highway 98
83 Suite C-102B
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 1/19/95
(Signature, typed or printed name of person or corporation, and not if applicable. (NOTE: Registered Agent signature required when existing.)

12. OFFICERS AND DIRECTORS	
TITLE: DP-	NAME: LOVELESS, HOWARD STREET ADDRESS: 4848 POPLAR AVE STE #344 CITY-ST-ZIP: MEMPHIS TN
TITLE: D	NAME: WITHERSPOON, JOHN A. J STREET ADDRESS: 2404 ELLISTON PLACE CITY-ST-ZIP: NASHVILLE TN
TITLE: VD	NAME: WITTRIG, TWILA STREET ADDRESS: 727 SANDPIPER VILLAGE - SANDESTIN RESORT CITY-ST-ZIP: DESTIN FL
TITLE: -B-	NAME: -HOLT, CHARLES F- STREET ADDRESS: -4255 POPLAR- CITY-ST-ZIP: -MEMPHIS TN-
TITLE: D	NAME: LANNOM, EDWARD H STREET ADDRESS: 1010 COOPER DRIVE CITY-ST-ZIP: DYERSBURG TN
TITLE: D	NAME: WALKER, WILLIAM H STREET ADDRESS: 70 NO CENTURY CITY-ST-ZIP: MEMPHIS TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY-ST-ZIP:	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE: DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: Arno Lutz	
4.3 STREET ADDRESS: 747 Sandpiper Village - Sandestin	
4.4 CITY-ST-ZIP: Destin, FL 32541	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE: STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME: Shellie M. Bailey	
6.3 STREET ADDRESS: 732 Sandpiper Village - Sandestin	
6.4 CITY-ST-ZIP: Destin, FL 32541	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 person or persons empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *[Signature]* DATE: 2-9-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Phone #)