

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **747273** (1)  
1. Corporation Name  
**SANDPIPER VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 1096 OLD HIGHWAY 98, SUITE C-102B, DESTIN FL 32541, US  
Mailing Address: P.O. BOX 6417, DESTIN FL 32541, US

3. Date Incorporated or Qualified: 05/21/1979  
3a. Date of Last Report: 02/20/1995  
4. FEI Number: 59-1750945  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**BUCKETT, JOHN E.**  
1096 OLD HIGHWAY 98  
SUITE C-102B  
DESTIN FL 32541

10. Name and Address of New Registered Agent  
81 Name: **Leyda R. Lewis**  
82 Street Address (P.O. Box Number is Not Acceptable):  
83:  
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOVELESS, HOWARD	
STREET ADDRESS	4646 POPLAR AVE STE 7344	
CITY-ST-ZIP	MEMPHIS-TN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WITHERSPOON, JOHN A J	
STREET ADDRESS	2404 ELLISTON PLACE	
CITY-ST-ZIP	NASHVILLE-TN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WITTRIG, TWILA	
STREET ADDRESS	727 SANDPIPER VILLAGE - SANDESTIN RESORT	
CITY-ST-ZIP	DESTIN FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LUTZ, ARNO	
STREET ADDRESS	747 SANDPIPER VILLAGE- SANDESTIN	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANNOM, EDWARD H	
STREET ADDRESS	1810 COOPER DRIVE	
CITY-ST-ZIP	DYERSBURG TN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, WILLIAM P 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	Downes, Kathy	
1.3 STREET ADDRESS	12863 Mason Manor	
1.4 CITY-ST-ZIP	St. Louis, MO 63141	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Herman, Richard	
2.3 STREET ADDRESS	146 St. Andrews Dr.	
2.4 CITY-ST-ZIP	Franklin, TN 37069	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Hilton, Robert	
6.3 STREET ADDRESS	3637 Shandwick Pl.	
6.4 CITY-ST-ZIP	Birmingham, AL 35242	

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 119.07(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 receiver or trustee 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 an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 2/5/96 Daytime Phone #: 9048374878

CR2E037 (12/95)