

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

**FILED**

**Feb 12 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|  |                        |  |            |
|--|------------------------|--|------------|
| Principal Place of Business                                  |                        | Mailing Address                        |            |
| 1096 OLD HIGHWAY 98<br>SUITE C-102B<br>DESTIN FL 32541<br>US |                        | P.O. BOX 6417<br>DESTIN FL 32541<br>US |            |
| 2. Principal Place of Business                               | 2a. Mailing Address    |  |            |
| 21 Suite, Apt. #, etc.                                       | 26 Suite, Apt. #, etc. |  |            |
| 22 City & State  | 27 City & State        |  |            |
| 23 Zip   | 28 Zip                 | 29 Country                             | 30 Country |

|   |  |                                |
|---|--|--------------------------------|
| 3. Date Incorporated or Qualified   | 05/21/1979   |                                |
| 4. FEI Number   | 59-1750945   | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired  | <input type="checkbox"/>                                 | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution  | <input type="checkbox"/>                                 | \$5.00 May Be Added to Fees    |
| 7. Is this nonprofit corporation a homeowners association?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

9. Name and Address of Current Registered Agent

**LEWIS, LEYDA R.  
1096 OLD HIGHWAY 98  
SUITE 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) |    |             |
| 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]* DATE: 2-1-98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  |                                 |
|----------------------------|--|---------------------------------|
| TITLE                      | D  | <input type="checkbox"/> DELETE |
| NAME                       | DOWNES, KATHY                            |                                 |
| STREET ADDRESS             | 12863 MASON MANOR                        |                                 |
| CITY-ST-ZIP                | ST. LOUIS MO                             |                                 |
| TITLE                      | D  | <input type="checkbox"/> DELETE |
| NAME                       | HERMAN, RICHARD                          |                                 |
| STREET ADDRESS             | 146 ST. ANDREWS DRIVE                    |                                 |
| CITY-ST-ZIP                | FRANKLIN 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 type="checkbox"/> DELETE |
| NAME                       | HILTON, ROBERT                           |                                 |
| STREET ADDRESS             | 3637 SHANDWICK PLACE                     |                                 |
| CITY-ST-ZIP                | BIRMINGHAM AL                            |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                     |  |
|---|---------------------|--|
| 1.1 TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME  |                     |  |
| 1.3 STREET ADDRESS                                    |                     |  |
| 1.4 CITY-ST-ZIP                                       |                     |  |
| 2.1 TITLE   | STD                 | <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        |  |
| 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   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |                     |  |
| 6.3 STREET ADDRESS                                    |                     |  |
| 6.4 CITY-ST-ZIP                                       |                     |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*

CR2E037 (10/97)