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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 747273

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 0117 - 1096 OLD HWY 98
 DESTIN FL 32541 SUITE C-102B
 US DESTIN, FL 32541



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	1096 OLD HWY 98	05/21/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	SUITE C-102B	59-1750945	
City & State		City & State		Applied For	
23		28	DESTIN FL	Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24		29	32541	Country	
25		30	US	Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

LEWIS, LEYDA R.
 1096 OLD HIGHWAY 98
 SUITE C-102B
 DESTIN FL 32541

81 Name **ROY McLEOD**
 82 Street Address (P.O. Box Number is Not Acceptable)
1096 OLD HWY 98
 83 **SUITE C 102B**
 84 City **DESTIN** FL 85 Zip Code **32541**

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 *Roy McLeod* **Roy McLeod, Assoc. Manager 4-6-99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWNES, KATHY	1.2 NAME	BRYAN PRATT
STREET ADDRESS	12863 MASON MANOR	1.3 STREET ADDRESS	73 SANDPIPER DRIVE
CITY-ST-ZIP	ST. LOUIS MO	1.4 CITY-ST-ZIP	DESTIN FL 32541
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERMAN, RICHARD	2.2 NAME	FRED HOLT
STREET ADDRESS	146 ST. ANDREWS DRIVE	2.3 STREET ADDRESS	4255 POPULAR AVE
CITY-ST-ZIP	FRANKLIN TN	2.4 CITY-ST-ZIP	MEMPHIS TN 38117
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITTRIG, TWILA	3.2 NAME	BILL GRUBBS
STREET ADDRESS	727 SANDPIPER VILLAGE - SANDESTIN RESORT	3.3 STREET ADDRESS	183 FAIRWAY CT #20258
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	JASPER, GA 30143
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTZ, ARNO	4.2 NAME	
STREET ADDRESS	747 SANDPIPER VILLAGE- SANDESTIN	4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANNOM, EDWARD H	5.2 NAME	
STREET ADDRESS	1810 COOPER DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DYERSBURG TN	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILTON, ROBERT	6.2 NAME	
STREET ADDRESS	3637 SHANDWICK PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	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, with all other like empowered.

SIGNATURE: *Arno Lutz* **SIGNATURE REQUIRED: Lutz** 4-5-99 850-837-4898
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/1/98)