

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90080 015 ****61.25

001887/6

DOCUMENT # 747273

1. Entity Name

SANDPIPER VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1096 OLD HIGHWAY 98
 SUITE C-102B
 DESTIN FL 32541
 US

1096 OLD HIGHWAY 98
 SUITE C-102B
 DESTIN FL 32541
 US

00063935



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1750945

Applied For

Not Applicable

Zip

32550

Country

Zip

32550

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELL, DAVID W
1096 OLD HIGHWAY 98
SUITE C-102B
DESTIN FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32550

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.

SIGNATURE **DAVID W. BELL, AGENT**

03-25-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PRATT, BRYAN	
STREET ADDRESS	773 SANDPIPER DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HERMAN, RICHARD	
STREET ADDRESS	146 ST. ANDREWS DRIVE	
CITY-ST-ZIP	FRANKLIN TN 37069	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLT, FRED	
STREET ADDRESS	703 SANDPIPER DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LUTZ, ARNO	
STREET ADDRESS	747 SANDPIPER VILLAGE- SANDESTIN	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRUBBS, BILL	
STREET ADDRESS	783 FAIRWAY CT #20258	
CITY-ST-ZIP	JASPER GA 30143	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILTON, ROBERT	
STREET ADDRESS	3637 SHANDWICK PLACE	
CITY-ST-ZIP	BIRMINGHAM AL 35242	

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COCKS, MELISSA	
STREET ADDRESS	720 SANDPIPER DR	
CITY-ST-ZIP	DESTIN FL 32550	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32550	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32550	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWNING, HARRY H.	
STREET ADDRESS	3149 BRIDGESTONE CT	
CITY-ST-ZIP	CINCINNATI OH 45248	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

4-30-01 850-837-4898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)