

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90082 031 ****61.25

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 32550
 US

~~1096 OLD HIGHWAY 98~~
 SUITE C-102B
 DESTIN FL 32550
 US

2. Principal Place of Business

3. Mailing Address

1096 Scenic Gulf Drive
 Suite, Apt. #, etc.

1096 Scenic Gulf Drive
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-1750945

Applied For

Not Applicable

Zip

Country

Zip

Country

32550

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 32550

Name

Street Address (P.O. Box Number is Not Acceptable)
1096 Scenic Gulf Drive

City

FL

Zip Code

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

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	DV	<input type="checkbox"/> Delete
NAME	COCKS, MELISS	
STREET ADDRESS	720 SNADPIPER DR.	
CITY-ST-ZIP	DESTIN FL 32550	
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 32550	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LUTZ, ARNO	
STREET ADDRESS	747 SANDPIPER VILLAGE- SANDESTIN	
CITY-ST-ZIP	DESTIN FL 32550	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWING, HARRY H	
STREET ADDRESS	3149 BRIDGESTONE CT.	
CITY-ST-ZIP	CINCINNATI OH 45248	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILTON, ROBERT	
STREET ADDRESS	3637 SHANDWICK PLACE	
CITY-ST-ZIP	BIRMINGHAM AL 35242	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)