

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90154 008 \*\*\*\*61.25

**DOCUMENT # 747273**

1. Entity Name  
**SANDPIPER VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1096 SCENIC GULF DRIVE  
SUITE C-102B  
DESTIN FL 32550  
US**

Mailing Address  
**1096 SCENIC GULF DRIVE  
SUITE C-102B  
DESTIN FL 32550  
US**

2. Principal Place of Business  
**12273 U.S. Highway 98**

3. Mailing Address  
**12273 U.S. Highway 98**

Suite, Apt. #, etc.  
**Suite 208**

Suite, Apt. #, etc.  
**Suite 208**

City & State  
**Destin, FL**

City & State  
**Destin, FL**

Zip  
**32550**

Country  
**U.S.A.**

Zip  
**32550**

Country  
**U.S.A.**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1750945**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BELL, DAVID W  
1096 SCENIC GULF DRIVE  
SUITE C-102B  
DESTIN FL 32550**

7. Name and Address of New Registered Agent

Name  
**Suncoast Association management**

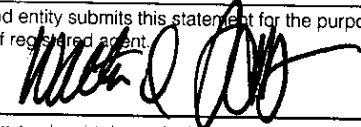
Street Address (P.O. Box Number is Not Acceptable)  
**12273 U.S. Highway 98**

**Suite 208**

City  
**Destin**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1-15-03**

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

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COCKS, MELISS 720 SANDPIPER DR. DESTIN FL 32550	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HERMAN, RICHARD 146 ST. ANDREWS DRIVE FRANKLIN TN 37069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, FRED 703 SANDPIPER DRIVE DESTIN FL 32550	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUTZ, ARNO 747 SANDPIPER VILLAGE- SANDESTIN DESTIN FL 32550	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWING, HARRY H 3149 BRIDGESTONE CT. CINCINNATI OH 45248	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILTON, ROBERT 3637 SHANDWICK PLACE BIRMINGHAM AL 35242	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andrew Cocks 720 Sandpiper Dr. Destin, FL 32550	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Debbie Junot 729 Sandpiper Drive Destin, FL 32550	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Grubbs 783 Fairway Court. #20258 Jasper, GA 30143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Harry Browning 1/16/03 513-451-6163**

CR2E037 (10/02)