

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90898 042 ****61.25

DOCUMENT # 758737

1. Entity Name

SAND DOLLAR VILLAS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3056 SO FLETHCER AVE
 FERNANDINA BCH FL 32034-2379**

**3056 SO FLETHCER AVE
 FERNANDINA BCH FL 32034-2379**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2357421

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOD, MARSHALL E
 303 CENTRE STREET
 SUITE 100
 FERNANDINA BEACH FL 32034**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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	P	<input type="checkbox"/> Delete
NAME	TOMPKINS, ROBERT	
STREET ADDRESS	4475 PINEY ISLAND COURT	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARTER, JAMES	
STREET ADDRESS	107 SAILFISH WAY	
CITY-ST-ZIP	BRUNSWICK GA 31520	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOCKSTILL, JOEL	
STREET ADDRESS	1404 BLUE HERON LANE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAUBERT, JERRY	
STREET ADDRESS	8830 NIBLICK DR	
CITY-ST-ZIP	ALPHARETTA GA 30022	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RACZYNSKI, JUDITH L	
STREET ADDRESS	2490 CAPTAIN HOOK	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENNER, RAY	
STREET ADDRESS	2866 PARK SQUARE PLACE EAST	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUBERT, JERRY	
STREET ADDRESS	5310 CABOT CREEK DR. NE	
CITY-ST-ZIP	SUGAR HILL, GA 30518	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARNER, STEVE	
STREET ADDRESS	133 HAZELWOOD DR.	
CITY-ST-ZIP	STATES BORO, GA 30458	
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:

Robert Tompkins
ROBERT TOMPKINS

April 29, 02

(904) 556-5354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)