

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

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

4410000

06-02-2003 90200 034 \*\*\*\*61.25

**DOCUMENT # 758737**

1. Entity Name  
**SAND DOLLAR VILLAS ASSOCIATION, INC.**



Principal Place of Business  
**3056 SO FLETHCER AVE  
FERNANDINA BCH FL 32034-2379**

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

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2357421**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TOMPKINS, ROBERT</b> <input checked="" type="checkbox"/> Delete <b>4475 PINEY ISLAND COURT</b> <b>FERNANDINA BEACH FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CARTER, JAMES</b> <input checked="" type="checkbox"/> Delete <b>107 SAILFISH WAY</b> <b>BRUNSWICK GA 31520</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STOCKSTILL, JOEL</b> <input checked="" type="checkbox"/> Delete <b>1404 BLUE HERON LANE</b> <b>FERNANDINA BEACH FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>FAUBERT, JERRY</b> <input checked="" type="checkbox"/> Delete <b>8830 NIBLICK DR</b> <b>ALPHARETTA GA 30022</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARNER, STEVE</b> <input type="checkbox"/> Delete <b>133 HAZELWOOD DR</b> <b>STATESBORO GA 30458</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BENNER, RAY</b> <input checked="" type="checkbox"/> Delete <b>2866 PARK SQUARE PLACE EAST</b> <b>FERNANDINA BEACH FL 32034</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DANIELS, ROBERT</b> <b>DANIELS, BOBBY</b> <b>280 STONE GABLE DR</b> <b>GREY, GA 31032</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V. TOMPKINS, ROBERT</b> <b>TOMPKINS, ROBERT</b> <b>4475 PINEY ISLAND COURT</b> <b>FERNANDINA BEACH, FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T. D. BOLO, JOHN</b> <b>SCARBORO, JOHN</b> <b>1224 BLACK ROCK RD.</b> <b>JULIA, FL 32097-3159</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S. WALEN, MARILYN</b> <b>WHALEN, MARILYN</b> <b>8200 DEVENS DR.</b> <b>CRENTWOOD, TN 37027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DILLER, JAY</b> <b>MILLER, JAY</b> <b>3804 EMERSON ST</b> <b>MARIETTA, GA 30062</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D. ZYNSIC, JUDITH</b> <b>BRACZYNSKI, JUDITH</b> <b>2490 CARTANUCCI DR</b> <b>FERNANDINA BEACH, FL 32034</b>

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 time empowered.

SIGNATURE: *[Signature]* **5-31-03 904/201-2710**

CR2E037 (10/02)