

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90267 021 ****61.25

DOCUMENT # N07459

1. Entity Name

SANDSPUR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5086 LEEWARD DRIVE
 PENSACOLA FL 32507

Mailing Address

5086 LEEWARD DRIVE
 PENSACOLA FL 32507

01000V



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.
 5075 Leeward Dr.

City & State:
 Pensacola, FL

Zip Country
 32507 Escambia

3. Mailing Address

Suite, Apt. #, etc.
 5075 Leeward Dr

City & State
 Pensacola, FL

Zip Country
 32507 Escambia

4. FEI Number **59-2635902**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOLLENWECK, WILLIAM
 5063 LEEWARD DR.
 PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name
Richard R Saah
 Street Address (P.O. Box Number is Not Acceptable)
5073 Leeward Dr
Pensacola
 City **FL** Zip Code **32507**

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 *Richard R. Saah*
 Signature, typed or printed name of registered agent and title if applicable.

Richard R. Saah
 (NOTE: Registered Agent signature required when reinstating)

1/22/01
 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

| | | |
|----------------|----------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | O'NEIL, DOLORES | |
| STREET ADDRESS | 5086 LEEWARD DRIVE | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | O'NEIL, DELORES | |
| STREET ADDRESS | 5086 LEEWARD DRIVE | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | STOLLENWECK, WILLIAM | |
| STREET ADDRESS | 5063 LEEWARD DR. | |
| CITY-ST-ZIP | PENSACOLA FL 32507 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Joan S. Edmonds | |
| STREET ADDRESS | 5065 Leeward Dr | |
| CITY-ST-ZIP | Pensacola, FL 32507 | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Richard R Saah | |
| STREET ADDRESS | 5073 Leeward Dr | |
| CITY-ST-ZIP | Pensacola, FL 32507 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | William Bryant | |
| STREET ADDRESS | 5061 Leeward Dr | |
| CITY-ST-ZIP | Pensacola, FL 32507 | |
| 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: *Joan S. Edmonds*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan S. Edmonds
 Edmonds 1/22/01 850-492-1439
 Date Daytime Phone #

CR2E037 (10/00)