

2000 UNIFORM BUSINESS REPORT (UBR)

1/

FILED

May 15, 2000 8:00 am
Secretary of State

01-21-2000 90123 037 ****61.25

DOCUMENT # N94000003642

1. Entity Name

STERLING SANDS CONDOMINIUM OWNERS ASSOCIATION, I

Principal Place of Business

Mailing Address

1080 HWY 98 E
DESTIN FL 32541

1080 HWY 98 E
DESTIN FL 32541-2942

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

59-3312374

Applied For

Not Applicable

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

HALL, STEVE
1234 AIRPORT RD
STE 205
DESTIN FL 32541

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANSON, HAP	
STREET ADDRESS	910 REDWOOD CIR	
CITY-ST-ZIP	APPLE VALLEY MN 55124	
TITLE	(ST)	<input type="checkbox"/> Delete
NAME	ACKERMAN, JANICE	
STREET ADDRESS	1260 UPLAND AVENUE	
CITY-ST-ZIP	FT WRIGHT KY 41011	
TITLE	(V)	<input type="checkbox"/> Delete
NAME	DOWELL, CLIFFORD	
STREET ADDRESS	6321 MASSEY OAKS COVE	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE	(D)	<input type="checkbox"/> Delete
NAME	LEWIS, JAMES H	
STREET ADDRESS	2140 11TH AVE., SOUTH #405	
CITY-ST-ZIP	BIRMINGHAM AL 35205	
TITLE	(P)	<input type="checkbox"/> Delete
NAME	BARTLETT, HOMER	
STREET ADDRESS	P.O. BOX 2403 N/A	
CITY-ST-ZIP	OPELIKA AL 36803-2403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7251 Oakville Drive
CITY-ST-ZIP	Germanatown, TN 38138-2070
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-00 850-837-9444

CF2E037 (9/99)