

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003642

1. Entity Name

STERLING SANDS CONDOMINIUM OWNERS ASSOCIATION, I

Principal Place of Business

1080 HWY 98 E
DESTIN FL 32541

Mailing Address

1080 HWY 98 E
DESTIN FL 32541

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HALL, STEVE
1234 AIRPORT RD
STE 205
DESTIN FL 32541

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.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
ACKERMAN, JANICE
1260 UPLAND AVENUE
FT WRIGHT KY 41011

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DOWELL, CLIFFORD
7251 OAKVILLE DR
GERMANTOWN TN 38138-2070

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEWIS, JAMES H
2140 11TH AVE., SOUTH #405
BIRMINGHAM AL 35205

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BARTLETT, HOMER
P.O. BOX 2403 N/A
OPELIKA AL 36803-2403

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAY Scharpf
2534 Village Lane
Oshkosh, WI 54904

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SUZANN Jenkins Dr.
1517 Ridgemaster Dr.
State College, PA 16803

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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

Date

Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90261 032 ****61.25

940919



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3312374

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)