UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 an
Secretary of State
03-16-2000 90099 027 ****61.25

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Entity Name

SANDS COTTAGES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
BOHEMIA DR FL 32504	4520 BOHEMIA DR PENSACOLA FL 32504-8560 US

000030754

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Street, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Country / Zip / Country	Country

4. FEI Number 59-3500179 ☐ 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
MARIA, F. BRIAN BOHEMIA DR FL 32504	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 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**

OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
DP DEMARIA, F. BRIAN 4375 MCCOY DR PENSACOLA FL 32503 ☐ Delete	TITLE NAME STREET ADDRESS 4520 BOHEMIA DRIVE CITY-ST-ZIP Pensacola, FL 32504 ☑ Change ☐ Addition
DVST DUNHAM, RICHARD E 4375 MCCOY DR PENSACOLA FL 32503 ☐ Delete	TITLE NAME STREET ADDRESS 4520 BOHEMIA DRIVE CITY-ST-ZIP Pensacola, FL 32504 ☑ Change ☐ Addition
D DEMARIA, CAROLINE 4375 MCCOY DR PENSACOLA FL 32503 ☐ Delete	TITLE NAME STREET ADDRESS 4520 BOHEMIA DRIVE CITY-ST-ZIP Pensacola, FL 32504 ☑ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (9/99)

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: MARIA F. BRIAN REQUIRED 3/14/00 850 478-0143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #