2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N98000005325

FILED
May 17, 2000 8:00 am
Secretary of State

03-10-2000 90006 020 ****61.25

1. Entity Name

SPYGLASS TOWNHOMES OWNERS' ASSOCIATION, INC.

Principal Place of Business
~~10065 EMERALD COAST PARKWAY, STE. C-3~~
DESTIN FL 32541

Mailing Address
~~10065 EMERALD COAST PARKWAY, STE. C-3~~
DESTIN FL 32541-4920

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
104 SANDTRAP ROAD
Suite, Apt. #, etc.

City & State: DESTIN FL
Zip: 32541
Country: USA

3. Mailing Address
1708 OLD HIGHWAY 98
Suite, Apt. #, etc.

City & State: DESTIN FL
Zip: 32541
Country: USA

4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

~~POPE, WILLIAM A~~
~~10065 EMERALD COAST PARKWAY, STE. C-3~~
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name: POPE, WILLIAM A. III
Street Address (P.O. Box Number is Not Acceptable): 1708 OLD HIGHWAY 98
City: DESTIN FL Zip Code: 32541

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE ~~DPT~~ ☒ Delete NAME ~~POPE, WILLIAM A~~ STREET ADDRESS ~~10065 EMERALD COAST PARKWAY, STE. C-3~~ CITY-ST-ZIP ~~DESTIN FL 32541~~		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ~~DS~~ ☐ Delete NAME POPE, WILLIAM A III (D) STREET ADDRESS ~~10065 EMERALD COAST PARKWAY, STE. C-3~~ CITY-ST-ZIP DESTIN FL 32541		TITLE SECT/ TREAS NAME STREET ADDRESS 1708 OLD HIGHWAY 98 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE ~~DV~~ ☒ Delete NAME ~~OWENS, PAUL~~ STREET ADDRESS ~~10065 EMERALD COAST PARKWAY, STE. C-3~~ CITY-ST-ZIP ~~DESTIN FL 32541~~		TITLE PRESIDENT NAME JEFFREY J. HARTKOFF (D) STREET ADDRESS 4144 CARMICHAEL ROAD CITY-ST-ZIP MONTGOMERY AL 36106	☐ Change ☒ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE (D) NAME GINGER LUNDSTROM STREET ADDRESS 4625 SOUTHWINDS DRIVE CITY-ST-ZIP ~~DESTIN FL 32541~~	☐ Change ☒ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 ATTACHED — 3-7-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #