

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-22-2001 90046 034 ****61.25

DOCUMENT # N98000005325

1. Entity Name

SPYGLASS TOWNHOMES OWNERS' ASSOCIATION, INC.

Principal Place of Business

104 SANDTRAP ROAD
 DESTIN FL 32541

Mailing Address

1708 OLD HIGHWAY 98
 DESTIN FL 32541

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 8

City & State

Zip

Country

City & State

Zip

Country

Mary Esther, FL

32569

US

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

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	ST	<input checked="" type="checkbox"/> Delete
NAME	POPE, WILLIAM A III	
STREET ADDRESS	1708 OLD HWY 98	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	OWENS, PAUL	
STREET ADDRESS	10065 EMERALD COAST PARKWAY, STE. C-3	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUNDSTROM, GINGER	
STREET ADDRESS	5625 SOUTHWINDS DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey Hartkoff	
STREET ADDRESS	4837 Ashlen Circle	
CITY-ST-ZIP	Montgomery, AL 36117	
TITLE	Sec/Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Pope, Sr.	
STREET ADDRESS	1708 Old Hwy 98	
CITY-ST-ZIP	Destin, FL 32550	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01

Date

Daytime Phone #

CR2E037 (10/00)