

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90078 006 ****61.25

DOCUMENT # N98000005325

1. Entity Name

SPYGLASS TOWNHOMES OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

104 SANDTRAP ROAD
 DESTIN FL 32541

PO BOX 8
 MARY ESTHER FL 32569

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POPE, WILLIAM A
10065 EMERALD COAST PARKWAY, STE. C-3
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

William A. Pope

3/8/02

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	D	<input checked="" type="checkbox"/> Delete
NAME	LUNDSTROM, GINGER	
STREET ADDRESS	5625 SOUTHWINDS DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HARTKOFF, JEFFREY	
STREET ADDRESS	6837 ASHTON CIRCLE	
CITY-ST-ZIP	MONTGOMERY AL 36117	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	POPE, WILLIAM SR	
STREET ADDRESS	1708 OLD HWY 98	
CITY-ST-ZIP	DESTIN FL 32550	
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		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doug Chernovetz	
STREET ADDRESS	379 Golfview Dr.	
CITY-ST-ZIP	Destin, Fl 32550	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Williams	
STREET ADDRESS	10401 Livingston Gilbert East	
CITY-ST-ZIP	Louisville, KY 40228	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonathan Baker	
STREET ADDRESS	8422 Valley View Dr	
CITY-ST-ZIP	Huntsville, AL 35802	
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:

Jonathan W. Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2002

Date

850-650-5153

Daytime Phone #

CR2E037 (9/01)