


**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N98000005325			
1. Entity Name SPYGLASS TOWNHOMES OWNERS' ASSOCIATION, INC.			
Principal Place of Business 10221 HWY. 98 W., STE. 23 DESTIN, FL 32550		Mailing Address PO BOX 8 MARY ESTHER, FL 32569	
2. Principal Place of Business		3. Mailing Address <i>10221 Emerald Coast Pkwy</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>23</i>	
City & State		City & State <i>Destin, FL</i>	
Zip	Country	Zip	Country
<i>32550</i>		<i>32550</i>	
4. FEI Number		Applied For	
		<input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		Additional Fee Required	
<input type="checkbox"/>		\$8.75	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EMERALD COAST ASSOC. MGMT. ATTN: CHRISTINE EVANS 10221 HWY. 98 W., STE. 23 DESTIN, FL 32550		NAME Street Address (P.O. Box Number if Not Acceptable) <i>10221 Emerald Coast Pkwy, S. 23</i> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when entering)</small>			
FILE NOW! FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHERNOVETZ, DOUG 379 GOLFVIEW DR DESTIN, FL 32560 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORZIG, UCK 1908 Brookmeade Terrace ALEXANDRIA, VA 22309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, BOB 10401 LIVINGSTON GILBERT CT LOUISVILLE, KY 40228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STAN HALL 104 SANDTRAP ROAD, UNIT 108 DESTIN, FL 32550 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAKER, JONATHAN 8422 VALLEY VIEW DR HUNTSVILLE, AL 35802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Jonathan Baker</i> 5/2/03, ST, 256-883-0963		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JONATHAN BAKER	

03-308

CRS037 (10/02)