

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90114 009 ****61.25

DOCUMENT # 742998

1. Entity Name

THE SAND CAPER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6900 ESTERO BLVD
 #100
 FT MYERS BEACH FL 33931
 US

Mailing Address

6900 ESTERO BLVD
 #100
 FT MYERS BEACH FL 33931-4603
 US

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

59-1959490

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

ROSS, VAIL
 7181 COLLEGE PKWY #42
 FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name *Vail, Rodd*

Street Address (P.O. Box Number is Not Acceptable)

7181 College Parkway #42

City *Fort Myers*

FL

Zip Code *33907*

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

R. Vail

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/00

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 type="checkbox"/> Delete
NAME	ROSS, WILLIAM	
STREET ADDRESS	4528 RIDE LN	
CITY-ST-ZIP	KITTY HAWK NC	
TITLE	<i>VP</i>	<input type="checkbox"/> Delete
NAME	MCKENZIE, WILLIAM	
STREET ADDRESS	6900 ESTERO BLVD STE 201	
CITY-ST-ZIP	FT MYERS BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUMLEY, THOMAS	
STREET ADDRESS	6900 ESTERO BLVD STE 406	
CITY-ST-ZIP	FT MYERS BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIACCO, ALBERT	
STREET ADDRESS	6900 ESTERO BLDV, 602	
CITY-ST-ZIP	FT MYERS FL	
TITLE	<i>VP</i>	<input type="checkbox"/> Delete
NAME	LEONARD, ED	
STREET ADDRESS	8900 ESTERO BLVD #103	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Wilcox, David</i>	
STREET ADDRESS	<i>6900 Estero Blvd #403</i>	
CITY-ST-ZIP	<i>Fort Myers Beach, FL 33931</i>	
TITLE	<i>VP</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" 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		

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 of David Wilcox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)