

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90044 034 ****61.25

DOCUMENT # 755921

1. Entity Name

SANDESTIN OWNERS ASSOCIATION, INC.

Principal Place of Business

1096 OLD HIGHWAY 98
 SUITE C-102B
 DESTIN FL 32541,
 US

Mailing Address

1096 OLD HWY 98
 ST SUITE C102B
 DESTIN FL 32541
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2128993

Applied For

Not Applicable

Zip

32550

Country

Zip

32550

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELL, DAVID W
1096 OLD HIGHWAY 98
SUITE C-102B
DESTIN FL 32541

Name

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

City

FL

Zip Code **32550**

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 **DAVID W. BELL, AGENT**

03-25-01

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 **DP** ☐ Delete
 NAME **STANGE, MIKE**
 STREET ADDRESS **9300 HWY 98 W**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **DESTIN FL 32550**

TITLE **D** ☐ Delete
 NAME **ASKEW, VANCE**
 STREET ADDRESS **9300 HIGHWAY 98 WEST**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **DESTIN FL 32550**

TITLE **D** ☒ Delete
 NAME **STARKS, JOHN**
 STREET ADDRESS **545 AUGUSTA DR**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **BABCOCK, ROBERT**
 STREET ADDRESS **9300 HIGHWAY 98 WEST**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **DESTIN FL 32550**

TITLE **D** ☒ Delete
 NAME **DAVISON, GORDON**
 STREET ADDRESS **1519 ISLAND GREEN**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WELLS, MIKE**
 STREET ADDRESS **9300 HWY 98 WEST**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **DT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **DESTIN FL 32550**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Stange, President

3-29-01

850-267-8111

Date

Daytime Phone #

CR2E037 (10/00)