

DOCUMENT # 758846

1. Entity Name

THE FAIRWAYS AT SANDESTIN HOMEOWNERS ASSOCIATION

01-30-2001 90204 020 *****61.25

Principal Place of Business	Mailing Address
10221 HIGHWAY 98 W SUITE 23 DESTIN FL 32541 US	10221 HIGHWAY 98 W SUITE 23 DESTIN FL 32541 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

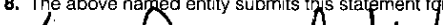
City & State		City & State	
38550	Country	38550	Country

4. FEI Number	59-2133467	Applied For
		Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
GELDER, RALPH H. 10221 HIGHWAY 98 W SUITE 23 DESTIN FL 32541	

7. Name and Address of New Registered Agent		
Name	Jay B. Gelder	
Street Address (P.O. Box Number is Not Acceptable)	Emerald Coast Association mgt. 10221 Hwy 98 West, Suite 23	
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.

X

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
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10.		OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETTUS, GAIL 8134 OLDFIELD RD UNIT 8 HUNTSVILLE AL 35802	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONWEN, BILL 5715 PRESTON FAIRWAYS DR DALLAS TX 75252	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COPE, SHIRLEY 25 ROCK CREST DR SIGNAL MOUNTAIN TN 37377	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERBERICH, BILL 1526 ISLAND GREEN DR. DESTIN FL 32541	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITZ-HUGH, TUCKER 210 BARONNE ST, S-1700 NEW ORLEANS LA 70112	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

[illegible]

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]* 1-22-01 423-886-1436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)