

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90737 045 ****61.25

DOCUMENT # N02000008485



1. Entity Name
VILLAS OF SPYGLASS, INC.

Principal Place of Business
**104 SABDTRAO ROAD, SUITE 101
DESTIN FL 32550**

Mailing Address
**104 SABDTRAO ROAD, SUITE 101
DESTIN FL 32550**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
104 SANDTRAP RD.
Suite, Apt. #, etc.
108

3. Mailing Address
104 SANDTRAP RD.
Suite, Apt. #, etc.
108

City & State
DESTIN FL

City & State
DESTIN FL

4. FEI Number
HX 81-0574120

Applied For
Not Applicable

Zip
FL 32550

Country
WALTON

Zip
32550

Country
WALTON

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

**PERRY, AMY A
4477 LEGENDARY DRIVE, SUITE 202
DESTIN FL 32541**

Name
STANLEY H. HALL
Street Address (P.O. Box Number is Not Acceptable)

104 SANDTRAP RD. # 108
City **DESTIN** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stanley H. Hall* **Stanley H. Hall**

DATE **4-1-03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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	D	<input type="checkbox"/> Delete
NAME	HALL, STANLEY H	
STREET ADDRESS	104 SANDTRAP ROAD, SUITE 404-108	
CITY-ST-ZIP	DESTIN FL 32550	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMS, GARY	
STREET ADDRESS	108 BEACH DRIVE WEST	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	HYATT, RICHARD	
STREET ADDRESS	4380 STONEBRIDGE ROAD, UNIT 101	
CITY-ST-ZIP	DESTIN FL 32550	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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: *Stanley H. Hall* **Stanley H. Hall** 4-1-03 **856 830 3083**

CR2E037 (10/02)