2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 AM
Secretary of State

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Entity Name: SANDERLING PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O CAMCO SERVICES INC
5135 US HIGHWAY 1
VERO BEACH, FL 32963 US

New Principal Place of Business:

C/O STODDARD
2260 SANDERLING LANE
VERO BEACH, FL 32963 US

Current Mailing Address:

C/O CAMCO SERVICES INC
5135 US HIGHWAY 1
VERO BEACH, FL 32963 US

New Mailing Address:

C/O STODDARD
2260 SANDERLING LANE
VERO BEACH, FL 32963 US

FEI Number: 59-2592950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALESTRINI, PAUL
5135 US HIGHWAY ONE
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

STODDARD, TRICIA
2260 SANDERLING LANE
VERO BEACH, FL 32963 US

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: TRICIA STODDARD 01/15/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COLLINS, THOMAS H.,
Address: 2200 SANDERLING LANE
City-St-Zip: VERO BEACH, FL 32962

Title: DT ( ) Delete
Name: STODDARD, TRICIA
Address: 2260 SANDERLING LANE
City-St-Zip: VERO BEACH, FL 32963

Title: PD ( ) Delete
Name: MACDONALD, PAUL
Address: 2345 SANDERLING LANE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHERRY, MARSHA
Address: 2355 SANDERLING LANE
City-St-Zip: VERO BEACH, FL 32963 US

Title: DT (X) Change ( ) Addition
Name: STODDARD, TRICIA
Address: 2260 SANDERLING LANE
City-St-Zip: VERO BEACH, FL 32963 US

Title: D (X) Change ( ) Addition
Name: SMITH, HOWARD J M.D.
Address: 2250 SANDERLING LANE
City-St-Zip: VERO BEACH, FL 32963 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRICIA STODDARD DT 01/15/2002
Electronic Signature of Signing Officer or Director Date