

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 22, 2002 8:00 am**  
**Secretary of State**

09-22-2002 90059 046 \*\*\*\*61.25

**DOCUMENT # N11499**

1. Entity Name

**SANDPIPER VILLAGE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**WALLACE HARDY**  
**C/O CLYDE WILLIAMS**  
**2719 SUNRUNNER LANE**  
**GULF BREEZE FL 32561 32563**

2722 SANIBEL PLACE

**GULF BREEZE FL 32561 32563**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**C/O WALLACE W. HARDY**

Suite, Apt. #, etc.

**2741 SUNRUNNER LANE**

3. Mailing Address

**2722 SANIBEL PLACE**

Suite, Apt. #, etc.

City & State

**GULF BREEZE, FL**

City & State

**GULF BREEZE, FL**

Zip Country

**32563**

Country

Zip

**32563**

Country

4. FEI Number

**59-2532520**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**HEATH, BRENDA**  
**2744 SUNRUNNER LANE**  
**GULF BREEZE FL 32561**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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 **DP** ☒ Delete  
 NAME **WILLIAMS, CLYDE**  
 STREET ADDRESS **2722 SANIBEL PL**  
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **DVP** ☒ Delete  
 NAME **KLEIN, AL**  
 STREET ADDRESS **2733 SUMMERTREE LANE**  
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **D** ☐ Delete  
 NAME **HEATH, BRENDA**  
 STREET ADDRESS **2744 SUNRUNNER LANE**  
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **D** ☐ Delete  
 NAME **BYRNE, JACK**  
 STREET ADDRESS **1069 SANIBEL LANE**  
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition  
 NAME **WALLACE W. HARDY**  
 STREET ADDRESS **2741 SUNRUNNER LANE**  
 CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **DVP** ☒ Change ☐ Addition  
 NAME **KEITH WELLS**  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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: **WALLACE W. HARDY** 9/18/02 (850) 595-6310

CR2E037 (4/02)