2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003
Secretary of State

DOCUMENT# N41428

Entity Name: SANDPOINTE' LEASEHOLDERS' ASSOCIATION, INC.

Current Principal Place of Business:

352 FT PICKENS ROAD
PENSACOLA BEACH, FL 32561

New Principal Place of Business:

Current Mailing Address:

352 FT PICKENS ROAD
PENSACOLA BEACH, FL 32561

New Mailing Address:

FEI Number: 59-3070456 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAUL, KENNETH E TD
352 FORT PICKENS RD
PENSACOLA BCH, FL 32561

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: OD ( ) Delete
Name: ODOM, WALLACE
Address: 342 FT PICKENS RD
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: VD ( ) Delete
Name: HOMYAK, JAMES
Address: 366 FT PICKENS RD
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: TD ( ) Delete
Name: FAUL, KENNETH E
Address: 352 FT. PICKENS RD
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: SD ( ) Delete
Name: BURRELL, LISA
Address: 346 FT. PICKENS RD.
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OD (X) Change ( ) Addition
Name: BRANDON, ROBERT
Address: 2 TRISTAN WAY
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KENNETH E FAUL TD 05/16/2003

Electronic Signature of Signing Officer or Director — Date