

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003446

1. Entity Name

~~SANDESTIN CLUB DRIVE OWNERS ASSOCIATION, INC.~~
BURNT PINE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1096 OLD HWY 98
SUITE C-102B
DESTIN FL 32550
US

Mailing Address

1096 OLD HWY 98
SUITE C-102B
DESTIN FL 32550
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

32550

Country

Zip

32550

Country

4. FEI Number

59-3203703

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, DAVID W
1096 OLD HWY 98
SUITE C-102B
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE DAVID W. BELL, AGENT

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

(NOTE: Registered Agent signature required when reinstating)

03-21-01

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME IRVIN, STEVEN T
STREET ADDRESS 3028 CLUB DRIVE
CITY-ST-ZIP DESTIN FL 32541

☐ Delete

TITLE D
NAME JONES, RAY
STREET ADDRESS 2997 BAY VILLAS CRT
CITY-ST-ZIP DESTIN FL 32541

☐ Delete

TITLE D
NAME ASKEW, VANCE
STREET ADDRESS 9300 HWY 98
CITY-ST-ZIP DESTIN FL 32541

☐ Delete

TITLE VPD
NAME GRILL, SUE
STREET ADDRESS 3259 BURNT PINE COVE
CITY-ST-ZIP DESTIN FL 32541

☐ Delete

TITLE D
NAME SUTHERLAND, DR. HUGH L
STREET ADDRESS 3226 BAY ESTATES DR
CITY-ST-ZIP DESTIN FL 32541

☐ Delete

TITLE STD
NAME WOODS, JOHN
STREET ADDRESS 31111 MERION DRIVE
CITY-ST-ZIP DESTIN FL 32541

☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D V
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D S T
NAME LATTI, NILE G.
STREET ADDRESS 2927 SAND PINE RD
CITY-ST-ZIP DESTIN FL 32550

☐ Change ☒ Addition

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: STEVEN TERRY IRVIN President 03/25/01 622-9548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90044 030 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)