

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001365

1. Entity Name

PIPER DUNES NORTH CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90081 039 ****61.25

Principal Place of Business
AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HWY
AMELIA ISLAND FL 32034
US

Mailing Address
AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HWY
AMELIA ISLAND FL 32034
US

00040016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3451236
Applied For
Not Applicable

Zip
Country

Zip
Country

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

GREGORY, DAVID B
AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HWY
AMELIA ISLAND FL 32034

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SCHMIDT, CHARLES
STREET ADDRESS 1504 BEACHWALKER RD
CITY-ST-ZIP AMELIA IS FL 32034 ☐ Delete

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

TITLE D
NAME SHAW, DONALD
STREET ADDRESS P.O. BOX 8312 N/A
CITY-ST-ZIP FERNANDINA BEACH FL 32035 ☐ Delete

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

TITLE SD
NAME MCCLUNG, JO
STREET ADDRESS 5560 LAKE IS DR NW
CITY-ST-ZIP ATLANTA GA 30327 ☒ Delete

TITLE STD
NAME BILLINGS, JOHN
STREET ADDRESS 1503 BEACH WALKER
CITY-ST-ZIP AMELIA ISLAND, FL 32034 ☐ Change ☒ Addition

TITLE TD
NAME BUTLER, ALAN W
STREET ADDRESS 1010 LEADEN HALL ST
CITY-ST-ZIP ALPHARETTA GA 30202 ☒ Delete

TITLE D
NAME BROGAN, ALAN
STREET ADDRESS 1129 CEDAR POINT DRIVE
CITY-ST-ZIP VIRGINIA BEACH, VA 23451 ☐ Change ☒ Addition

TITLE D
NAME SHACKLEFORD, JOHN
STREET ADDRESS 1516 BEACHWALKER RD
CITY-ST-ZIP AMELIA ISLAND FL 32034 ☐ Delete

TITLE D
NAME CARLSON, RUDY
STREET ADDRESS 27 SONEDGE
CITY-ST-ZIP LOOKOUT MOUNTAIN, TN 37350 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Charles Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES SCHMIDT

03/02/00 904.277-2971
Date Daytime Phone #