2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90048 008 ****61.25

DOCUMENT # N96000001365

1. Entity Name

PIPER DUNES NORTH CONDOMINIUM ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3451236 ☐ Applied For ☐ Not Applicable

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHMIDT, CHARLES 1504 BEACHWALKER RD AMELIA IS FL 32034	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUTLER, ALAN 1010 LEADENHALL STREET ALPHARETTA, GA 30202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAW, DONALD P.O. BOX 8312 N/A FERNANDINA BEACH FL 32035	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JETER, DAN PO BOX 685 NA MOULTRIE, GA 31776	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BILLINGS, JOHN 1503 BEACH WALKER AMELIA ISLAND FL 32034	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCLUNG, JIM 5560 LAKE ISLAND DR NW ATLANTA, GA 30327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALAN, BROGAN 1129 CEDAR POINT DRIVE VIRGINIA BEACH VA 23451	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD 5170 FOX RIDGE ROAD ROANOKE VA 24014	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHACKLEFORD, JOHN 1516 BEACHWALKER RD AMELIA ISLAND FL 32034	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARLSON, RUDY 27 SONEDGE LOOKOUT MOUNTAIN TN 37350	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED ALAN BUTLER 03/06/01 770/772-0612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #