

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 15, 1999 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

02-15-1999 90003 040 \*\*\*\*150.00

DOCUMENT # P97000041824

1. Corporation Name SANDPIPER COVE XXVI, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: POST OFFICE BOX 235 FORT WALTON BEACH FL 32549  
Mailing Address: POST OFFICE BOX 235 FORT WALTON BEACH FL 32549

3. Date Incorporated or Qualified: 05/12/1997  
4. FEI Number: 59-3453655  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing: [ ] \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax: [ ] Yes [ ] No

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-29)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip Country (25-28)

9. Name and Address of Current Registered Agent  
MEAD, MICHAEL W  
24 WALTER MARTIN ROAD  
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	BOYETTE, WAYNE T	
STREET ADDRESS	POST OFFICE BOX 235	
CITY-ST-ZIP	FORT WALTON BEACH FL 32549	
TITLE	VD	DELETE
NAME	MONSEES, JAMES	
STREET ADDRESS	POST OFFICE BOX 235	
CITY-ST-ZIP	FORT WALTON BEACH FL 32549	
TITLE	STD	DELETE
NAME	JONES, C W	
STREET ADDRESS	POST OFFICE BOX 235	
CITY-ST-ZIP	FORT WALTON BEACH FL 32549	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1/25/99 DAYTIME PHONE #: 850 8308645

CR2E034 (1/98)