

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:15

DOCUMENT # **728937** (4)

1. Corporation Name
SAND CASTLE I ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2000 GULF BLVD.
INDIAN SHORES FL 34635**

Mailing Address
**2000 GULF BLVD.
INDIAN SHORES FL 34635**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **02/26/1974** 3a. Date of Last Report **04/14/1994**

4. FEI Number **59-1561279** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FULLERTON, BARBARA
20000 GULF BLVD APT 403
INDIAN SHORES FL 34635**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBERT, JOHN D.	1.2 NAME	Joyce Ferlita
STREET ADDRESS	29 REDSTONE PATH	1.3 STREET ADDRESS	104 S. Lauber Way
CITY - ST - ZIP	ETOBICOKE, ONT FL	1.4 CITY - ST - ZIP	Tampa, FL. 33609
TITLE	D	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFANIA	2.2 NAME	Mary S. Twachtmann
STREET ADDRESS	2435 SAMMARA WAY APT 105	2.3 STREET ADDRESS	4220 Glen Haven La.
CITY - ST - ZIP	CLEARWATER FL	2.4 CITY - ST - ZIP	Tampa, FL. 33624
TITLE	D	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, FLORICE	3.2 NAME	Perez, Gerardo
STREET ADDRESS	3568 91ST AVE	3.3 STREET ADDRESS	3304 Ivy St.
CITY - ST - ZIP	PINELLAS PARK FL 34666	3.4 CITY - ST - ZIP	Tampa, FL. 33607
TITLE	D/S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYANN FAVATA	4.2 NAME	
STREET ADDRESS	20000 GULF BV	4.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN SH FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS MARY	5.2 NAME	
STREET ADDRESS	8-224 KINGWOOD DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	KIRCHENHOFF ONTARIO FL 3300	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEESLER, NORMA N/A	6.2 NAME	
STREET ADDRESS	P.O. BOX 15968	6.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	6.4 CITY - ST - ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify 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 12 or Block 13 if changing or on an attachment with an address.

SIGNATURE: *Barbara I. Fullerton* Barbara I. Fullerton 4/27/95 813-595-1992
Resident Manager