

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 728937 (4)

1. Corporation Name
SAND CASTLE I ASSOCIATION, INC.



Principal Place of Business: 20000 GULF BLVD. INDIAN SHORES FL 34635
Mailing Address: 20000 GULF BLVD. INDIAN SHORES FL ~~34635~~ 33785

3. Date Incorporated or Qualified: 02/26/1974
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1561279	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

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 33785		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERLITA, JOYCE	1.2 NAME	Whitmyre, Rita
STREET ADDRESS	104 S LAUBER WAY	1.3 STREET ADDRESS	20000 Gulf Blvd.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Indian Shores, Fl. 33785
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWACHTMANN, MARY S	2.2 NAME	
STREET ADDRESS	4220 GLEN HAVEN LA	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, GERARDO	3.2 NAME	Douglas Hubbert
STREET ADDRESS	3304 GLEN HAVEN LA	3.3 STREET ADDRESS	29 Redstone Path
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Etobicoke, Ont. Canada M9C-1Y7
TITLE	D/S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYANN FAVATA	4.2 NAME	George A. Levy
STREET ADDRESS	20000 GULF BV	4.3 STREET ADDRESS	2614 W. Kennedy Blvd.
CITY-ST-ZIP	INDIAN SH FL	4.4 CITY-ST-ZIP	Tampa, Fl. 33609
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEESLER, NORMA	5.2 NAME	
STREET ADDRESS	P.O. BOX 15968 11304 Curlewwood W. Pln	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL Tampa, Fl. 33688	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	700001869324 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-06/20/96--01031--048
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or as an attachment with an address.

SIGNATURE: *[Signature]* J.D. HUBBERT
DATE: May 1, 1996 (813) 595-1992
TELEPHONE: AS 6/19/96

CR2E037 (12/95)