

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 33785 | Mailing Address 20000 GULF BLVD. INDIAN SHORES FL 33785 |
|--|--|

3. Date Incorporated or Qualified
02/26/1974

| | |
|------------------------------------|---|
| 4. FEI Number 59-1561279 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
|------------------------------------|---|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**FULLERTON, BARBARA
 20000 GULF BLVD APT 403
 INDIAN SHORES FL 33785**

10. Name and Address of New Registered Agent

| |
|--|
| 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | WHITMYRE, RITA |
| STREET ADDRESS | 20000 GULF BLVD |
| CITY-ST-ZIP | INDIAN SHORES FL 33785 |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | TWACHTMANN, MARY S |
| STREET ADDRESS | 4220 GLEN HAVEN LA |
| CITY-ST-ZIP | TAMPA FL |
| TITLE | P <input checked="" type="checkbox"/> DELETE |
| NAME | HUBBERT, DOUGLAS |
| STREET ADDRESS | 29 REDSTONE PATH |
| CITY-ST-ZIP | ETOBICOKE ONT CANADA M9C-1Y7 |
| TITLE | VP <input checked="" type="checkbox"/> DELETE |
| NAME | LEVY, GEORGE A |
| STREET ADDRESS | 2814 W. KENNEDY BLVD |
| CITY-ST-ZIP | TAMPA FL 33609 |
| TITLE | XOR P <input type="checkbox"/> DELETE |
| NAME | KEESLER, NORMA |
| STREET ADDRESS | 20000 Gulf Blvd |
| CITY-ST-ZIP | Indian Shores, 33785 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | VP/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Edwards, Ann |
| 1.3 STREET ADDRESS | 659 Howard Ave. |
| 1.4 CITY-ST-ZIP | Lakeland, FL 33801 |
| 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Mari Heida |
| 2.3 STREET ADDRESS | 2907 W. Averill Ave. |
| 2.4 CITY-ST-ZIP | Tampa, FL 33611 |
| 3.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Richard Bowersox |
| 3.3 STREET ADDRESS | 20000 Gulf Blvd. |
| 3.4 CITY-ST-ZIP | Indian Shores, FL 33785 |
| 4.1 TITLE | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Doris Baylor |
| 4.3 STREET ADDRESS | 20000 Gulf Blvd. |
| 4.4 CITY-ST-ZIP | Indian Shores, FL 33785 |
| 5.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Kotroba, Ruth, |
| 5.3 STREET ADDRESS | 773 Caya Costa Ct. N.E. |
| 5.4 CITY-ST-ZIP | St. Pete, FL 33702 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address:

SIGNATURE Norma Y. Boza Keesler 612 595 1691

CR2E037 (10/97)