


**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90004 046 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 728937**

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
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560253 - 90063 - 20 3 \*

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified <b>02/26/1974</b>	4. FEI Number <b>59-1561279</b> Applied For <input type="checkbox"/> Not Applicable
23. Certificate of Status Desired <input type="checkbox"/>	24. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>FULLERTON, BARBARA 20000 GULF BLVD APT 403 INDIAN SHORES FL 33785</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE <b>WHITMYRE, RITA</b> 20000 GULF BLVD INDIAN SHORES FL 33785	1.1 TITLE <b>P-D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Dohring, Fred J.</b> 226 Driftwood Lane Largo, FL 33770
TITLE <b>VP-D</b>	<input type="checkbox"/> DELETE <b>HEIDA, MARI</b> 2907 W AVERILL AVE TAMPA FL 33611	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE <b>BOWERSOX, RICHARD</b> 20000 GULF BLVD INDIAN SHORES FL 33785	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S-D</b>	<input type="checkbox"/> DELETE <b>BAYLOR, DORIS</b> 20000 GULF BLVD INDIAN SHORES FL 33785	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>Ex T-D</b>	<input type="checkbox"/> DELETE <b>KEESLER, NORMA</b> 20000 GULF BLVD INDIAN SHORES FL 33785	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>KOTROBA, RUTH</b> 773 CAYA COSTA CT NE ST PETERSBURG FL 33702	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Norma Keesler* **TREASURER 5/13/99**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)