

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 15, 2000 8:00 am
Secretary of State

03-04-2000 90115 038 ****61.25

DOCUMENT # 728937

1. Entity Name

SAND CASTLE I ASSOCIATION, INC.

Principal Place of Business

Mailing Address

20000 GULF BLVD.
 INDIAN SHORES FL 33785

20000 GULF BLVD.
 INDIAN SHORES FL 33785-2407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

c/o Parekh, Commons & Co.

2700 East Bay Dr. #107

Largo, FL 33771



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1561279

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Dale Nabors

Street Address (P.O. Box Number is Not Acceptable)
 706 South Lois Avenue

City
 Tampa

FL

Zip Code
 33609

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOHRING, FRED J 226 DRIFTWOOD LANE LARGO FL 33770	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HEIDA, MARI 2907 W AVERILL AVE TAMPA FL 33611	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAYLOR, DORIS 20000 GULF BLVD INDIAN SHORES FL 33785	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEESLER, NORMA 20000 GULF BLVD INDIAN SHORES FL 33785	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOTROBA, RUTH 773 CAYA COSTA CT NE ST PETERSBURG FL 33702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kathleen Crowley - President 19050 Coral Gables Southfield, MI 48076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dick Weber - Vice President 1535 Fishing Drive Odessa, FL 33556	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dale Nabors - Treasurer 706 South Lois Avenue Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00

Date

Daytime Phone #

CR2E037 (9/99)