
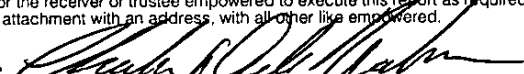


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90092 003 ****61.25

DOCUMENT # 728937					
1. Entity Name SAND CASTLE I ASSOCIATION, INC.					
Principal Place of Business 20000 GULF BLVD. INDIAN SHORES, FL 33785		Mailing Address C/O RICHARD C.G. 300 S DUNCAN AVE STE 220B CLEARWATER, FL 33755			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1561279 Applied For: Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required 02162005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NABORS, DALE 706 SOUTH LOIS AVENUE TAMPA, FL 33609			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FULLERTON, BARBARA	NAME			
STREET ADDRESS	20000 GULF BLVD	STREET ADDRESS			
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NABORS, DALE	NAME			
STREET ADDRESS	706 SOUTH LOIS AVENUE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP			
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DELANEY, M.W.	NAME	S Koehler, Barbara		
STREET ADDRESS	1834 PUNE TREE	STREET ADDRESS	10607 Carrollbrook Lane		
CITY-ST-ZIP	TRENTON, MI 48183	CITY-ST-ZIP	Tampa, FL 33618		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEREZ, GERRY	NAME	Perez, Jerry		
STREET ADDRESS	3304 IVY ST.	STREET ADDRESS	3304 Ivy Street		
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP	Tampa, FL 33607		
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	THOMAS, MARY	NAME	Papen, Nancy		
STREET ADDRESS	102-20 BERKLEY RD	STREET ADDRESS	19201 Vista Ln, B-6		
CITY-ST-ZIP	CAMBRIDGE, ONT CANADA, n15 4s8	CITY-ST-ZIP	Indian Shores, FL 33785		
TITLE	<input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Zions, Arpn		
STREET ADDRESS		STREET ADDRESS	12616 Castamaran Place		
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33624		
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: 			BOD-Thomas 25 Feb 05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

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