


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90088 001 ****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. COMMONS, P.A.
 300 S DUNCAN AVE STE 220B
 CLEARWATER, FL 33755**

60024300



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02052007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-1561279

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NABORS, DALE
 706 SOUTH LOIS AVENUE
 TAMPA, FL 33609**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	FULLERTON, BARBARA	
STREET ADDRESS	20000 GULF BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
TITLE	P	<input type="checkbox"/> Delete
NAME	NABORS, DALE	
STREET ADDRESS	706 SOUTH LOIS AVENUE	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOELER, BARBARA	
STREET ADDRESS	10607 CARROLL LANE	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	VERNE, BETLACH	
STREET ADDRESS	3557 CALPPUIS TR	
CITY-ST-ZIP	FARIBAULT, MN 55021	
TITLE	S	<input type="checkbox"/> Delete
NAME	PAPEN, NANCY	
STREET ADDRESS	19201 VISTA LANE B-6	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZIONS, ARON	
STREET ADDRESS	12616 CATEMARAN PLACE	
CITY-ST-ZIP	TAMPA, FL 33624	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Fullerton	
STREET ADDRESS	20000 Gulf Blvd., #403	
CITY-ST-ZIP	Indian Shores, FL 33785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Koehler	
STREET ADDRESS	10607 Carrollbrook Lane	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Verne Betlach	
STREET ADDRESS	3557 Calppuis Trail	
CITY-ST-ZIP	Faribault, MN 55021	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Papen	
STREET ADDRESS	19201 Vista Lane, #B6	
CITY-ST-ZIP	Indian Shores, FL 33785	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aron Zions	
STREET ADDRESS	12616 Catamaran Place	
CITY-ST-ZIP	Tampa, FL 33624	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Barbara J. Fullerton 3/16/07 727-656-6641
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #