


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

02-26-2003 90184 008 ***61.25

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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 PAREKH-COMMONS-100 Richard C Co
2700 EAST BAY DRIVE #107
LARGO FL 33771**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
**300 S. Duncan Ave
Suite 220B
Clearwater, FL
33755**

Country
USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**NABORS, DALE
708 SOUTH LOIS AVENUE
TAMPA FL 33609**

4. FEI Number **59-1561279**

Applied For
 Not Applicable

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

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 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CROWLEY, KATHLEEN 19050 CORAL GABLES SOUTHFIELD MI 48076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEBER, DICK 1535 FISHING DRIVE ODESSA FL 33558	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NABORS, DALE 708 SOUTH LOIS AVENUE TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELANEY, M.W. 1834 PUNE TREE TRENTON MI 48183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, GERRY 3304 IVY ST. TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, MARY 3-224 KINGWOOD DR. KITCHENER, ONTARIO CA N2E- 2K2	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barbara Fullerton D 20000 GULF BLVD INDIAN SHORES, FL 33785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tom Obenberger D 7734 Preachers Point Rd. Three Lakes, WI 54562	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President VP/D Mary Thomas 102-20 Berkley Rd Cambridge, Ontario Canada N1S 4S2	<input checked="" 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: Richard C. Co
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **23 Feb 03** Daytime Phone #: **813-289-0645**

CR2E037 (10/02)