

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB -6 AM 9:47

DOCUMENT # 740973 (3)

1. Corporation Name

SAND CASTLE II ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 20002 GULF BLVD INDIAN SHORES FL 34635
Mailing Address: 20002 GULF BLVD INDIAN SHORES FL 34635

DO NOT WRITE IN THIS SPACE

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 12/07/1977 | 3a. Date of Last Report 02/11/1994 |
| 4. FEI Number 59-1946887 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---------------------------------|-------------------------|
| 21. Principal Place of Business | 26. Mailing Address |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. |
| 23. City & State | 28. City & State |
| 24. Zip | 29. Zip |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent

GREENACRE PROPERTIES, INC.
4131 GUNN HIGHWAY
TAMPA FL 33624

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 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|--|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCNEIL, ROBERT | 1.2 NAME | |
| STREET ADDRESS | 29 MCNAB DRIVE | 1.3 STREET ADDRESS | |
| CITY- ST- ZIP | GRIMSBY, ONTARIO | 1.4 CITY- ST- ZIP | |
| TITLE | DP | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEKSRAITIS, MICHAEL | 2.2 NAME | |
| STREET ADDRESS | 704 S NEWPORT AVENUE | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP | TAMPA FL | 2.4 CITY- ST- ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAYA, AZMI | 3.2 NAME | |
| STREET ADDRESS | 2365 WOODPARK RD | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | AKRON OH | 3.4 CITY- ST- ZIP | |
| TITLE | TD | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FRASER, CHARLES | 4.2 NAME | |
| STREET ADDRESS | 20002 GULF BLVD | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP | INDIAN ROCKS FL | 4.4 CITY- ST- ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FISHER, ARTHUR | 5.2 NAME | |
| STREET ADDRESS | 5553 W WATERS AVE #316 | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP | TAMPA FL | 5.4 CITY- ST- ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 6.4 CITY- ST- ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: CHARLES FRASER, [Signature] 1/13/95 819/595-2001