

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740973** (3)

1. Corporation Name

SAND CASTLE II ASSOCIATION, INC.

Principal Place of Business

**20002 GULF BLVD
INDIAN SHORES FL 34635**

Mailing Address

**20002 GULF BLVD
INDIAN SHORES FL 34635**



3. Date Incorporated or Qualified

12/07/1977

3a. Date of Last Report

02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1946887

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENACRE PROPERTIES, INC.
4131 GUNN HIGHWAY
TAMPA FL 33624**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D
MCNEIL, ROBERT**
STREET ADDRESS **29 MCNAB DRIVE**
CITY-ST-ZIP **GRIMSBY, ONTARIO**

TITLE ☐ DELETE

NAME **DP
MEKSRAITIS, MICHAEL**
STREET ADDRESS **704 S NEWPORT AVENUE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ DELETE

NAME **D
KAYA, AZMI**
STREET ADDRESS **2385 WOODPARK RD**
CITY-ST-ZIP **AKRON OH**

TITLE ☐ DELETE

NAME **TSD
FRASER, CHARLES**
STREET ADDRESS **20002 GULF BLVD**
CITY-ST-ZIP **INDIAN ROCKS FL**

TITLE ☐ DELETE

NAME **D
FISHER, ARTHUR**
STREET ADDRESS **5553 W WATERS AVE #316**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **D Said I Hakky**
STREET ADDRESS **8547 MerruMoor**
CITY-ST-ZIP **Largo, FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)