FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUN 1. Corporation	MENT # 74097	3 (3)							
SAND (CASTLE II ASSOCIATION, I	INC.			 	LIES BRÂNT OTOTT DECES ATORS OT	II 81811 16 2 1		
			, 						
Principal Place of Business Mailing Address					\$ 100 total 100 to 100	stos minit dinte dibit ninis nen	EL MITMEN TAME		
20002 GULF BLVD 20002 GULF BLVD INDIAN SHORES FL 34635 INDIAN SHORES FL 33785-24									
					3. Date Incorporated or Qualified 12/07/1977	3a. Date of Last Re 07/09/199			
2. Principal Place of Business 2a. Mailing Add					4. FEI Number 59-1946887	 	olied For		
Suite, Apt.	Suite, Apt. #, etc.	e Ant # etc		35-1840001	60.75	Applicable			
22					5. Certificate of Status Desired	Fee Rec			
City & State City & State					6. Election Campaign Financing	\$5.00	May Be		
23 28 7			1 2		Trust Fund Contribution	Added to			
Zip 24			Coun	try	8. This corporation has liability for intangible tax under s. 199. Florida Statutes Yes No		199.032,		
24	[25] 9. Name and Address of Currel		30		10. Name and Address of New Ro				
			1	81 Name					
GREENACRE PROPERTIES, INC.				32 Street	Address (P.O. Box Number is Not Accepta	dress (P.O. Box Number is Not Acceptable)			
4131 GUNN HIGHWAY TAMPA FL 33624				B3					
			-	B4 City	, , , , , , , , , , , , , , , , , , ,	85 Zip C	ode		
11 Pureuant	to the provisions of Sections 617 050	22 and 617 1508. Florida Statut	les the sh	we-named	corporation submits this statement for the	PL 69 200	registered		
office or re	egistered agent, or both, in the State	e of Florida. Such change was	authorized	by the cor	poration's board of directors. I hereby acce	pt the appointment as r	egistered		
1	m ramiliar with, and accept the odlig	Bations of, Section 617.0503, Fi	orida Statu	res.					
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered	Agent signature	e required when reinstating)	DATÉ			
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI				
TITLE	D	☐ DELETE	1.1 TITL		D CANK CARCUELL	Change	XXAddition		
NAME			1.2 NAN		FRANK CARSWELL				
STREET ADDRESS			1	EET ADORESS	1438 EDGEWATER DR				
CITY-ST-ZIP	GRIMSBY, ONTARIO	DELETE	2.1 TITL	Y-ST-ZIP	FENTON, MI 48430	Change	Addition		
NAME	MEKSRAITIS, MICHAEL					L Ordingo	Fred Flagricion		
STREET ADORESS	704 S NEWPORT AVENUE			EET ADORESS					
CITY-ST-ZIP	TAMPA FL		1	Y-ST-ZIP	1				
TITLE	TSD	DELETE	3.1 TITE			☐ Change	☐ Addition		
NAME	FRASER, CHARLES		3.2 NA	ME	,				
STREET ADDRESS	20002 GULF BLVD		3.3 STR	EET AODRESS	1	•			
CITY-ST-ZIP	INDIAN ROCKS FL			Y-ST-ZIP					
TITLE	D	☐ DELETE	4.1 TITL		·	Change	Addition		
NAME	FISHER, ARTHUR		4, 2 NA						
STREET ADDRESS	5553 W WATERS AVE #316			REET ADDRESS					
CITY - ST - ZIP TITLE	TAMPA FL	DELETE	4.4 CIT	Y-ST-ZIP		Change	Addition		
NAME		La Veterit	5.1 HIL			_ 0.00.190			
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ DELETE	6.1 TITL			Change	Addition		
NAME			6.2 NA)						
STREET ADDRESS			6.3 STR	REET ADDRESS					

6.4 CITY - ST - ZIP 14. I do 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 angual report of 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 of 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 33 if charaged, or on an attachment with an address.

SIGNATURE:

FILED

Feb 03 1997 8:00am

Secretary of State

Daytime Phone # 0052307