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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 740973 1. Corporation Name

SAND CASTLE II ASSOCIATION, INC.						
Principal Place of Business	Mailing Address					
20002 GULF BLVD INDIAN SHORES FL 34635	413† GUNN HWY TAMPA FL 33624 US					

FILED Feb 11, 1999 8:00am **Secretary of State**

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City & State 23									
2. Principal Place of Business	Principal Plac	e of Business	Mailing Address	-				*	
2. Principal Place of Business	20002 GULF B	NLVD	4131 GUNN HWY				1 188 HOLD BORN BORN BORN (BORN SIN)		
2. Principal Place of Business	Indian Shore	ES FL 34635							
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Suite, Apt. #, etc.									
Suite, Apt. #, etc.	2 5	No. of Province	2a Mailing Address				3. Date incorporated or Qualified		
Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 4. FEI Number 59-1946887 Applied Not Applied		lace of Business	⊢ •						
27 City & State		# atc						Ani	olied For
City & State 23		# ₁ G(c).	⊢						t Applicable
Zip Country Zip Country Zip Country S\$.00 May 75.00 May 75.0		le							_` :
Zip County Zip Sp. 130			28				5. Certificate of Status Desired	Fee Re	quired
39 Section 29 30 Trust Fund Contribution		Country		Cou	intry		6. Election Campaign Financing	\$5.00	May Be
9. Name and Address of Current Registered Agent GREENACRE PROPERTIES, INC. 4131 GUNN HIGHWAY TAMPA FL 33624 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 register adjagent, 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, and accept the obligations of, Section 617.0503, Florida Statutes. The proposal purpose of changing its register agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, type of pressor praise of registered agent and title if apphicable. OFFICERS AND DIRECTORS TITLE OFFICERS AND DIRECTORS TITLE D	24	25	29	30			Trust Fund Contribution	Added to	o Fees
GREENACRE PROPERTIES, INC. 4131 GUNN HIGHWAY TAMPA FL 33624 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City Code 86 City FL 86 City FL 87 Zip Code 87 Zip Code 88 City FL 87 Zip Code 88 Zip Code 88 City FL 86 City FL 87 Zip Code 88 Zip Code 88 City FL 86 Zip Code 88 Zip Code 89 Zip Code 80 Zip Co		9. Name and Address of Current	Registered Agent				10. Name and Address of New Registe	ered Agent	
### A131 GUNN HIGHWAY TAMPA FL 33624 ### City			-		81	Name			
### A131 GUNN HIGHWAY TAMPA FL 33624 ### City	GREENAC	CRE PROPERTIES, INC.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
TAMPA FL 33624 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 register agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximant as register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed marine of registered agent and title if applicable. (NOTE Replated Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE D		· · · · · · · · · · · · · · · · · · ·							
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 regist 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 register agent and steer florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent and steer florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent and steer florida. (NOTE Registered Agent signature required when reinstating) 12.	TAMPA FL	L 33624			83		•		
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Agent. I am tamiliar with, and accept the obligations of, Section 617.0903, Florido statuties. Signature, typed or printed name of registered agent and title if applicable.	11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	ites, the a	bove	-named corporation	pration submits this statement for the purpos	se of changing its	registered histored
Signature, typed or printed agent and 100 if appricable. (NOTE: Registered Agent agent are tree if appricable.) DATE	agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligation	ions of, Section 617.0503, Fl	orida Stat	utes.		To board of directors. I hall by discopt a log-		6.294,634
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14. 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 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 by an an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP