


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90484 028 ****61.25

DOCUMENT # 740973					
1. Entity Name SAND CASTLE II ASSOCIATION, INC.					
Principal Place of Business 20002 GULF BOULEVARD INDIAN SHORES FL 33785		Mailing Address C/O RICHARD C. COMMONS, P.A. 300 S DUNCAN AVE STE 220B CLEARWATER FL 33755 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1946887	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCBAINE, JOHN W 14221 JOEL COURT LARGO FL 33774			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	MB	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEIL, ROBERT		NAME	Robert McNeil	
STREET ADDRESS	29 MCNAB DRIVE		STREET ADDRESS	29 McNab Drive	
CITY-ST-ZIP	GRIMSBY, ONTARIO CA I3n- 2y7		CITY-ST-ZIP	Grimsby, Ontario, Canada L3N2Y7	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEKSRAITIS, MICHAEL		NAME	Keith Simpson	
STREET ADDRESS	704 S NEWPORT AVENUE		STREET ADDRESS	20002 Gulf Blvd.	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	Indian Shores, FL 33785	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, CHARLES		NAME		
STREET ADDRESS	20040 GULF BLVD #2806		STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBAINE, JOHN W		NAME		
STREET ADDRESS	14221 JOEL COURT		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33774		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, ARTHUR W		NAME	Arthur W. Fisher	
STREET ADDRESS	5553 W. WATERS AVE #316		STREET ADDRESS	5553 W. Waters Ave., #316	
CITY-ST-ZIP	TAMPA FL 33634-1212		CITY-ST-ZIP	Tampa, FL 33634	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>John W. Mc Baine, TREASURER SCS</u>			Date: <u>4/22/04</u>		Daytime Phone #: <u>727-593-1247</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #