


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90156 043 \*\*\*\*61.25

<b>DOCUMENT # 740973</b>			
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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-1946887	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCBAINE, JOHN W 14221 JOEL COURT LARGO, FL 33774		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2005		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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEIL, ROBERT	NAME	
STREET ADDRESS	29 MCNAB DRIVE	STREET ADDRESS	
CITY-ST-ZIP	GRIMSBY, ONTARIO, CA 13n 2y7	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, KEITH	NAME	S Simpson, Keith
STREET ADDRESS	20002 GULF BLVD.	STREET ADDRESS	20002 Gulf Blvd.
CITY-ST-ZIP	INDIAN SHORES, FL 33785	CITY-ST-ZIP	Indian Shores, FL 33785
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRASER, CHARLES	NAME	Plumlee, Pat
STREET ADDRESS	20040 GULF BLVD #2806	STREET ADDRESS	417 1st St.
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	CITY-ST-ZIP	Indian Rocks Beach, FL 33785
TITLE	TD <input type="checkbox"/> Delete	TITLE	
NAME	MCBAINE, JOHN W	NAME	
STREET ADDRESS	14221 JOEL COURT	STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33774	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, ARTHUR W	NAME	Fisher, Arthur W. III
STREET ADDRESS	5553 W. WATERS AVE #316	STREET ADDRESS	5553 W. Waters Ave # 316
CITY-ST-ZIP	TAMPA, FL 336341212	CITY-ST-ZIP	Tampa, FL 33634-1212
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)(j), 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. McBain</u> TREASURER		Date: <u>3/7/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>727-593-1247</u>	

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