

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90079 038 ****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 PAREKH, COMMONS & CO.
2708 EAST BAY DRIVE, #107
LARGO FL 33771
US**

Richard C Commons, P.A.



2. Principal Place of Business

3. Mailing Address

300 S. Duncan Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 220B

CHECK HERE IF MAKING CHANGES

City & State

Clearwater, FL

4. FEI Number **59-1946887**

Applied For

Not Applicable

Zip

Country

33755

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCBAINE, JOHN W
20002 GULF BOULEVARD
INDIAN SHORES FL 33785**

7. Name and Address of New Registered Agent

Name

John W McBaine

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

14221 Joel Court

City

Largo

FL

Zip Code

33774

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

John W. McBaine

**JOHN W. MCBAINE
TREASURER, SC II**

3/8/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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	VD	<input type="checkbox"/> Delete
NAME	MCNEIL, ROBERT	
STREET ADDRESS	29 MCNAB DRIVE	
CITY-ST-ZIP	GRIMSBY, ONTARIO CA L3N- 2Y7	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MEKSRAITIS, MICHAEL	
STREET ADDRESS	704 S NEWPORT AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRASER, CHARLES	
STREET ADDRESS	20040 GULF BLVD #2806	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCBAINE, JOHN W	
STREET ADDRESS	20002 GULF BOULEVARD, #2706	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, ARTHUR W	
STREET ADDRESS	5553 W. WATERS AVE #316	
CITY-ST-ZIP	TAMPA FL 33634-1212	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John W. McBaine	
STREET ADDRESS	14221 Joel Court	
CITY-ST-ZIP	Largo, FL 33774	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **JOHN W. MCBAINE** *John W. McBaine*

3/8/03

CR2E037 (10/02)