

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Jan 31 1997 8:00am
Secretary of State**DOCUMENT # 750718 (9)**

1. Corporation Name

SAND CASTLE III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O P AREKH DENNARD
2700 EAST BAY DR #107
LARGO FL 34641-2505PAREKH. COMMONS C.P.A.
2700 EAST BAY DR #107
LARGO FL 33771-2459
US3. Date Incorporated or Qualified
01/23/19803a. Date of Last Report
02/06/19964. FEI Number
59-2383468Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **PAREKH, Commons + Co**

25

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip **33771** 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SULLIVAN, C. A.
311 S MISSOURI AVE
CLEARWATER FL 34616

81 Name

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

83

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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PD~~ ☐ DELETENAME GIBSON, PETER
STREET ADDRESS 2040 LARCHMONT
CITY - ST - ZIP CLEARWATER FLTITLE D ☒ DELETENAME MCCORMICK, JAMES
STREET ADDRESS 4926 TOWNSHIP TRACE
CITY - ST - ZIP MARIETTA GATITLE ~~SD~~ ☐ DELETENAME FRAZER, CHARLES
STREET ADDRESS 20001 GULF BLVD
CITY - ST - ZIP INDIAN SHORES FLTITLE ~~TD~~ ☐ DELETENAME COLLINS, JOHN
STREET ADDRESS 2024 RIVERA DRIVE
CITY - ST - ZIP MIENNA VATITLE VPD ☐ DELETENAME PLUMLEE, PATRICIA
STREET ADDRESS 417 1ST STREET
CITY - ST - ZIP INDIAN ROCKS BEACH FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

S/D

☒ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

T/D

☐ Change ☐ Addition

D

☒ Change ☐ Addition10312 MYSTIC MEADOW WAY
OAKTON, VA 22124☐ Change ☐ Addition

P/D

☐ Change ☒ AdditionBECKMAN, JON
20040 GULF BLVD #601
INDIAN SHORES FL 33785

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 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, or on an attachment with an address.

SIGNATURE:

JON BECKMAN President 1/20/97

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051634

CR2E037 (9/96)