## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

SAND CASTLE III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Malling Address			<u> </u>	# 100/01 10000 Attit #000 1000 1000 1000 1000 1000 1000 100	11811 WIBIT B1811 B1811 1861	
C/O P AREKH DENNARD PAREKH, COMMONS C.P.A.				3. Date Incorporated or Qualified		
2700 EAST BAY		2700 EAST BAY DR #107		01/23/1980		
LARGO FL 34641-2505		LARGO FL 34641-2505		4. FEI Number	Applied For	
		US		1 "	<del></del>	
9 Principal O	ace of Business	2a. Mailing Address	·· <u>·</u>	59-2383468	Not Applicable	
· - ·	K. COMMONS + CO	28. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt.		Suite, Apt. #, etc.	· <del></del>	6. Election Campaign Financing	\$5.00 May Be	
27			Trust Fund Contribution			
City & State City & State			7. Is this nonprofit corporation a homeowners association?			
23 28			X Yes ☐ No			
Zip	Country	Zíp	Country	8. This corporation owes or has pald the curren	nt year Intangible	
24 3377	25	29 35771 3	ōl		Yes X No	
	9. Name and Address of Currer			10. Name and Address of New Registered Ag	ent	
SULLIVAN, C. A.			82 Street A	t Address (P.O. Box Number is Not Acceptable)		
311 S MISSOURI AVE			92 Sheet A	dutiess (1.0. box Northber is Not Acceptable)	ľ	
CLEARWATER FL 34616			83			
SESTIMATE CONTINUES			Jack			
			84 City		85 Zip Code 55156	
11. Pursuant to the Avisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered						
11. Pursuant to the of visions 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 bottom 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 lamping this, and accept the obligations of, Section 817.0503, Florida Statutes.						
SIGNATURE						
aldivations .	<u> </u>		Registered Agent signature r			
12.	<u></u>	D DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE /	SD .	☐ DELETE	TITLE	<b>A</b>	Change 🔼 Addition	
NAME	GIBSON, PETER		1.2 NAME		ĺ	
STREET ADDRESS	2040 LARCHMONT		1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		1.4 City-ST-ZIP		35764	
TITLE	TD	M DELETE	2.1 TITLE	Ĺ	Change Addition	
NAME	Frazer, Charles		2.2 NAME			
STREET ADDRESS	2 20001 GULF.BLVD		2.3 STREET ADDRESS		[	
CITY-ST-ZIP	INDIAN SHORES FL		2.4 CITY+ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE	Ç	Change S Addition	
NAME	COLLINS, <b>JO</b> HN		3.2 NAME		ļ	
STREET ADDRESS	10312 MYSTIC MEADOW WA	Y Y	3.3 STREET ADDRESS			
CITY-ST-ZIP	OAKTON VA		3.4. CITY-51-ZIP		22124	
TITLE	VPD	☐ DELETE		75	Change Addition	
NAME	PLUMLEE, PATRICIA		4. 2 NAME		)	
STREET ADDRESS	417 1ST STREET		. 4.3 STREET ADDRESS			
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		4.4 CITY-S ZIP		37785	
TITLE	PD	☐ DELETE	5.1 TITLE		Change Addition	
NAME	BECKMAN, JON		5.2 NAME		1	
STREET ADDRESS	20040 GULF BLVD #801		5.3 STREET ADDRESS			

14. 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 of 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 principles of the corporation of the corporation of the receiver of 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 principles of the corporation of the c

5.4 CITY - 91 - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

INDIAN SHORES FL

DELETE

☐ Change ☐ Addition

**FILED** 

Feb 10 1998 8:00am

Secretary of State

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