

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90086 005 \*\*\*\*61.25

<b>DOCUMENT # 750718</b> 1. Entity Name <b>SAND CASTLE III CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>20040 GULF BLVD INDIAN SHORES, FL 33785 US</b>				Mailing Address <b>C/O RICHARD C. COMMONS, P.A. 300 S. DUNCAN AVE., SUITE 2208 CLEARWATER, FL 33755 US</b>	
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 <b>59-2383468</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FRASER, CHARLES 20040 GULF BLVD #602 INDIAN ROCKS BEACH, FL 33785</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>R T</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRASER, CHARLES</b>		NAME	<b>Jim McCormick</b>	
STREET ADDRESS	<b>20040 GULF BLVD., #602</b>		STREET ADDRESS	<b>4926 Township Trace</b>	
CITY-ST-ZIP	<b>INDIAN ROCKS BEACH, FL 33785</b>		CITY-ST-ZIP	<b>Marietta, GA 30066</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COLLINS, JOHN</b>		NAME		
STREET ADDRESS	<b>10312 MYSTIC MEADOW WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OAKTON, VA 22124</b>		CITY-ST-ZIP		
TITLE	<b>PS S</b>	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIBSON, PETER</b>		NAME		
STREET ADDRESS	<b>2040 LARCHMONT NORTH</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLEARWATER, FL 33764</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIL, ASHER</b>		NAME		
STREET ADDRESS	<b>20040 GULF BLVD #202</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>INDIAN SHORES, FL 33785</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLUMLEE, PAT</b>		NAME		
STREET ADDRESS	<b>417 FIRST STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>INDIAN ROCKS BEACH, FL 33785</b>		CITY-ST-ZIP		
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 exemptions contained in Chapter 119, 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: <i>Patricia Plumlee</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>3-11-06</i> <small>Daytime Phone</small>		

66005534



02012006 Chg-NP CR2E037 (11/05)



ATTACHMENT  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2006

SAND CASTLE III CONDOMINIUM ASSOCIATION, INC.  
C/O RICHARD C. COMMONS, P.A.  
300 S. DUNCAN AVE., SUITE 2208  
CLEARWATER, FL 33755 US

Subject: SAND CASTLE III CONDOMINIUM ASSOCIATION, INC.

Reference Number: 750718

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION