2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 09, 2008 8:00 am Secretary of State **DOCUMENT #750718** 04-09-2008 90034 042 ****61.25 SAND CASTLE III CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 40000vv 20040 GULF BLVD C/O RICHARD C. COMMONS, P.A. INDIAN SHORES, FL 33785 300 S. DUNCAN AVE., SUITE 2208 CLEARWATER, FL 33755 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-2383468 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRASER, CHARLES 20040 GULF BLVD #602 Street Address (P.O. Box Number is Not Acceptable) INDIAN ROCKS BEACH, FL 33785 Zip Code FL 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 . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change ☐ Addition FRASER, CHARLES NAME NAME 20040 GULF BLVD., #602 STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH, FL 33785 CITY-ST-ZIP CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME COLLINS, JOHN NAME STREET ADDRESS 10312 MYSTIC MEADOW WAY STREET ADDRESS OAKTON, VA 22124 CITY+ST-7IP CITY-ST-ZIP ·S ---TITLE ☐ Delete TITLE Change ☐ Addition GIBSON, PETER NAME NAME STREET ADDRESS 2040 LARCHMONT NORTH STREET ADDRESS CITY-ST-7IP CLEARWATER, FL 33764 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MCCORMICK, JIM NAME NAME STREET ADDRESS 4926 TOWNSHIP TRACE STREET ADDRESS CITY-ST-ZIP MARIETTA, GA 30066 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PLUMLEE, PAT NAME NAME STREET ADDRESS **417 FIRST STREET** STREET ADDRESS INDIAN ROCKS BEACH, FL 33785 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

12. I hereby certify that the information supplied with this filling 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 ampowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED