## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#758809**

Title:

Name:

Address:

City-St-Zip:

Entity Name: SAND DOLLAR I, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
7990 HWY A1A SOUTH ST AUGUSTINE, FL 32086				7990 HWY A1A SOUTH ST AUGUSTINE, FL 32080	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
7990 HWY A1A SOUTH ST AUGUSTINE, FL 32086				7990 HWY A1A SOUTH ST AUGUSTINE, FL 32080	
FEI Number:	59-2160319	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:	
CHAPMAN, CINDY S 7990 A1A S ST AUGUSTINE, FL 32086 US			7990 A1A S	COASTAL REALTY & PROPERTY MGMT INC 7990 A1A S ST AUGUSTINE, FL 32080 US	
The above in the State		submits this statement for the	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: JUDY S. ALLIGOOD				04/30/2004	
	Electron	ic Signature of Registered A	ent	Date	
OFFICERS	AND DIREC	TORS:	ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S () FUESSNER, HE 7990 AIA SOUT SAINT AUGUST	`H #506	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () KELLER, BRIAN 7990 ALAS SAINT AUGUST		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X) GOODSON, CL 7990 AIAS #106 ST AUG, FL 32	6	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SMITH, GERALI P.O. BOX 1033 CASHIERS, NC		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T ()	Delete	Title: D	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BRIAN KELLER P 04/30/2004

( ) Delete

SAINT SUGUSTINE, FL 32080

FRANCELLA, ART

7990 ALAS I-408

(X) Change ( ) Addition

MCCALL, PETER

3524 NW 7TH PLACE

GAINESVILLE, FL 32607