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**Feb 13 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 759637 (2)**  
1. Corporation Name  
**SAND CASTLE BEACH CLUB ASSOCIATION, INC.**



Principal Place of Business: **905 ESTERO BLVD. FT MYERS BCH FL 33931**

Mailing Address: **905 ESTERO BLVD. FT MYERS BCH FL 33931**

2. Principal Place of Business: [21] Suite, Apt #, etc. [22] City & State [23] Zip [24] Country [25]

2a. Mailing Address: [26] Suite, Apt #, etc. [27] City & State [28] Zip [29] Country [30]

3. Date Incorporated or Qualified: **08/17/1981**

4. FEI Number: **59-2061501** Applied For [ ] Not Applicable [ ]

5. Certificate of Status Desired [ ] **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution [ ] **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**DAVIES, CHRISTOPHER N.  
1415 HENDRY STREET  
FT. MYERS FL 33902**

*12601 WORLD PLAZA LANE  
SUITE 2  
FORT MYERS, FL. 33907*

10. Name and Address of New Registered Agent

[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

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	KONTOS, ANDREW	
STREET ADDRESS	409 LONDRINA DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MCCLYMONDS, MARIE	
STREET ADDRESS	270 ALMEDO AVE.	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUPPINO, DOMENIC	
STREET ADDRESS	1050 S.W. 13TH PLACE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALEMAGUIDES, NICHOLAS	
1.3 STREET ADDRESS	1016 S.W. 48 <sup>th</sup> TERRACE	
1.4 CITY-ST-ZIP	CAPE CORAL, FL. 33914	
2.1 TITLE	TREASURER - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KONTOS, ANDREW	
2.3 STREET ADDRESS	409 LONDRINA DRIVE	
2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33983	
3.1 TITLE	SECRETARY - D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DOVISIU, ANNA	
3.3 STREET ADDRESS	2823 S.E. 18 <sup>th</sup> AVE.	
3.4 CITY-ST-ZIP	CAPE CORAL, FL. 33904	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Nicholas Alemaguides* 1-21-98 941-540-0919

CR2E037 (10/97)