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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759637

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

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/17/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2061501

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIES, CHRISTOPHER N.
12601 WORLD PLAZA LANE
STE 2
FT MYERS FL 33907

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD DELETE

NAME ALEMAGHIDES, NICHOLAS

STREET ADDRESS 1016 SW 48TH TERR

CITY-ST-ZIP CAPE CORAL FL 33914

1.1 TITLE Change Addition

TITLE TD DELETE

NAME KONTOS, ANDREW

STREET ADDRESS 409 LONDRINA DR

CITY-ST-ZIP PUNTA GORDA FL 33983

2.1 TITLE Change Addition

TITLE PD DELETE

NAME LUPPINO, DOMENIC

STREET ADDRESS 1050 S.W. 13TH PLACE

CITY-ST-ZIP BOCA RATON FL 33486

3.1 TITLE Change Addition

TITLE SD DELETE

NAME POVISIL, ANNA

STREET ADDRESS 2823 SE 18TH AVE

CITY-ST-ZIP CAPE CORAL FL 33904

4.1 TITLE Change Addition

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: NICHOLAS ALEMAGHIDES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/99

941-463-9368

Date

Daytime Phone #

CR2E037 (1/1/98)