

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90065 026 ****61.25

DOCUMENT # 759637
1. Entity 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
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723025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-2061501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
DAVIES, CHRISTOPHER N.
12601 WORLD PLAZA LANE
STE 2
FT MYERS FL 33907

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD	<input type="checkbox"/> Delete
NAME ALEMAGHIDES, NICHOLAS	
STREET ADDRESS 1016 SW 48TH TERR	
CITY-ST-ZIP CAPE CORAL FL 33914	
TITLE TD	<input type="checkbox"/> Delete
NAME KONTOS, ANDREW	
STREET ADDRESS 409 LONDRINA DR	
CITY-ST-ZIP PUNTA GORDA FL 33983	
TITLE PD	<input type="checkbox"/> Delete
NAME LUPPINO, DOMENIC	
STREET ADDRESS 1050 S.W. 13TH PLACE	
CITY-ST-ZIP BOCA RATON FL 33486	
TITLE SD	<input type="checkbox"/> Delete
NAME POVISIL, ANNA	
STREET ADDRESS 2823 SE 18TH AVE	
CITY-ST-ZIP CAPE CORAL FL 33904	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: [Signature] **VPD** **2/26/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)