

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728937

**Entity Name:** SAND CASTLE I ASSOCIATION, INC.

**Current Principal Place of Business:**

20000 GULF BLVD.  
INDIAN SHORES, FL 33785

**Current Mailing Address:**

C/O RICHARD C. COMMONS, P.A.  
901 N HERCULES AVENUE SUITE A  
CLEARWATER, FL 33765

**FEI Number:** 59-1561279

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COMMONS, RICHARD CPA  
901 NORTH HERCULES AVENUE  
SUITE A  
CLEARWATER, FL 33765 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            STOUT, KENT  
Address        6 SHERBURNE ROAD  
City-State-Zip: WETBOROUGH MA 01581

Title            VP  
Name            BOZA, GERALD  
Address        9902 LONE TREE LANE  
City-State-Zip: TAMPA FL 33618

Title            TREASURER  
Name            MCKINNON, DAN  
Address        29615 MEADOW RIDGE NORTH  
City-State-Zip: FARMINGTON HILLS MI 48334

Title            SECRETARY  
Name            BOZA-KESSLER, NORMA  
Address        20000 GULF BLVD. #205  
City-State-Zip: INDIAN SHORES FL 33785

Title            DIRECTOR  
Name            DOUGHERTY, JERRY  
Address        P. O. BOX 27  
City-State-Zip: AVON NY 14414

Title            DIRECTOR  
Name            CRAIG, IAN  
Address        2293 BARRISTER PLACE OAKVILLE  
ONTARIO CANADA L6M 3C4  
City-State-Zip: OAKVILLE OC

Title            DIRECTOR  
Name            FORD, DOUGLAS  
Address        6222 IROQUOIS COURT  
City-State-Zip: ODESSA FL 33556

*I hereby 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 all other like empowered.*

**SIGNATURE:** KENT STOUT

**PRESIDENT**

**05/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date