

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758809

Entity Name: SAND DOLLAR I, INC.**Current Principal Place of Business:**7990 HWY A1A SOUTH
ST AUGUSTINE, FL 32080**Current Mailing Address:**7990 HWY A1A SOUTH
ST AUGUSTINE, FL 32080**FEI Number:** 59-2160319**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COASTAL REALTY & PROPERTY MGMT INC
3942 A1A S
ST AUGUSTINE, FL 32080 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 TREASURER
Name GIDEL, JOHN
Address 502 CAMBRIDGE DR.
City-State-Zip: MOUNT LAUREL NJ 08054

Title DIRECTOR
Name DIETRICH, WILLIAM
Address 2973 BERNICE DRIVE
City-State-Zip: JACKSONVILLE FL 32557

Title SECRETARY
Name SCARBOROUGH, KAREN
Address 3122 NW 57TH TERR
City-State-Zip: GAINESVILLE FL 32606

Title PRESIDENT
Name ACUFF, LUCIAN
Address 548 MIDWAY CR
City-State-Zip: BRENTWOOD TN 37027

Title DIRECTOR
Name KELLER, BRIAN
Address 7990 ALA S #205
City-State-Zip: SAINT AUGUSTINE FL 32080

Title DIRECTOR
Name TEPAS, JOSEPH
Address 1649 AVONDALE AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name LENTZ, FRANKLIN
Address 7130 NW 20TH PL
City-State-Zip: GAINESVILLE FL 32605

Title MANAGER
Name ALLIGOOD, JUDY
Address 3942 A1A SOUTH
City-State-Zip: SAINT AUGUSTINE FL 32080

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: JUDY ALLIGOOD**MANAGER****02/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date