## **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 759637** 

Entity Name: SAND CASTLE BEACH CLUB ASSOCIATION, INC.

FILED
Jan 15, 2020
Secretary of State
9446177832CC

Date

Date

## **Current Principal Place of Business:**

905 ESTERO BLVD.

FORT MYERS BEACH, FL 33931-2192

## **Current Mailing Address:**

905 ESTERO BLVD.

FORT MYERS BEACH. FL 33931-2192 US

FEI Number: 59-2061501 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COWLES, ADAM M 905 ESTERO BLVD.

FORT MYERS BEACH, FL 33931 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: ADAM COWLES 01/15/2020

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PD Title VP

NameBEAN, GARYNameSUTTON, SCOTTAddress6 CROYDON DRIVE BOX 102Address1055 COLLINS AVE

City-State-Zip: ARVA ONTARIO NOM1C0 City-State-Zip: RIVER FALLS WI 54022

Title TREASURER Title DIR

NameHOWERTON, MARGARETNameBONFIELD, LYNNAddress16000 VIA SOLERA CIRCLE #105Address566 SANDSTONE TRL.City-State-Zip:FORT MYERS FL 33908City-State-Zip:SUN PRAIRIE WI 53590

Title DIR Title DIR

NameKARLOSKY, CHARLESNameMILLS , PATRICIAAddress3072 OXFORD TERRACEAddress300 AIRPORT RD.City-State-Zip:BURLINGTON KY 41005City-State-Zip:HOLLY MI 53716

Title SECRETARY
Name ATKINSON, GARY
Address 1 LYTON CREST

City-State-Zip: STONEY CREEK ONTARIO L8J 2C8

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: GARY BEAN PROPERTY MANAGER 01/15/2020

Electronic Signature of Signing Officer/Director Detail