
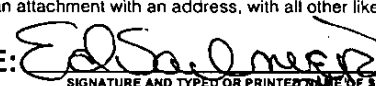


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90075 005 ****70.00

DOCUMENT # 712660 1. Entity Name SAND CASTLE INC. A CONDOMINIUM CORPORATION.			
Principal Place of Business 463 TORREY PINES POINT NAPLES, FL 34113 US		Mailing Address 463 TORREY PINES POINT NAPLES, FL 34113 US	
2. Principal Place of Business - No P.O. Box # 5067 Tamiami Tr. E Suite, Apt. #, etc.		3. Mailing Address 5067 Tamiami Tr. E Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34113	Country Collier	Zip 34113	Country Collier
6. Name and Address of Current Registered Agent FOREMAN, GEORGE 463 TORREY PINES POINT NAPLES, FL 34113		7. Name and Address of New Registered Agent Name Cardinal Management Group Street Address (P.O. Box Number is Not Acceptable) 5067 Tamiami Trail East City Naples FL Zip Code 34113	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEDICONE, DOMINIC 2064 ALAMANDA DR #28 NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREA SAULNIER 2064 ALAMANDA DR #15 NAPLES, FL 34102 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAULNIER, ED 2064 ALAMANDA DR #15 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK PELLECCIA P.O. BOX 262 NAPLES, FL 34102 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RICKETTS, GLENN 2064 ALAMANDA DRIVE #12 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODEL, CHARLES 2064 ALAMANDA DR #15 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LESLIE, JANET 2064 ALAMANDA DR, 25 NAPLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARADIS, ANITA 2064 ALAMANDA DR #27 NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORM ROBERTS 15 NEPTUNE RD. MARBLEHEAD, MA 01945 <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date 4/22/08 Daytime Phone # 239 74-6723	