

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712660

FILED
Apr 28, 2009
Secretary of State

Entity Name: SAND CASTLE INC. A CONDOMINIUM CORPORATION.

Current Principal Place of Business:

5067 TAMIAMI TR. E.
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

5067 TAMIAMI TR. E.
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 59-1172566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARDINAL MANAGEMENT GROUP
5067 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAULNIER, ANDREA
Address: 2064 ALAMANDA DR #15
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: SAULNIER, ED
Address: 2064 ALAMANDA DR #15
City-St-Zip: NAPLES, FL 34102

Title: STD () Delete
Name: RICKETTS, GLENN
Address: 2064 ALAMANDA DRIVE #12
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: HODEL, CHARLES
Address: 2064 ALAMANDA DR #15
City-St-Zip: NAPLES, FL 34102

Title: VD () Delete
Name: LESLIE, JANET
Address: 2064 ALAMANDA DR, 25
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: ROGGERTIE, NORM
Address: 15 NEPTUNE RD.
City-St-Zip: MARBLEHEAD, MA 01945

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SAULNIER, ED
Address: 2064 ALAMANDA DR #15
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROBERTIE, NORM
Address: 15 NEPTUNE RD.
City-St-Zip: MARBLEHEAD, MA 01945

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ED SAULNIER

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date