

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721431

FILED
Feb 28, 2009
Secretary of State

Entity Name: SAND CASTLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1273 HIGHWAY A1A, #277
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

1273 HIGHWAY A1A, #277
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-1381781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, SHIRLEY
1273 HIGHWAY A1A, #306
SATELLITE BEACH, FL 32937 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: P () Delete
Name: GRAHAM, CHARLES
Address: 140 TOMAHAWK DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: ST () Delete
Name: FREEMAN, SHIRLEY
Address: 1273 HWY A1A
City-St-Zip: SATELLITE BEACH, FL 32937

Title: V () Delete
Name: BOYLE, JOE
Address: 5966 BARN OWL CT
City-St-Zip: VIERA, FL 32955

Title: D () Delete
Name: DAFOE JR, CHARLES
Address: 1273 HWY A1A #112
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D (X) Delete
Name: GOSSELIN, ROGER
Address: 19 CEDAR WOOD
City-St-Zip: BILLERICA, MA 01821

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOYLE, JOE
Address: 5966 BARN OWL CT
City-St-Zip: VIERA, FL 32955

Title: ST (X) Change () Addition
Name: SCABAROZI, CINDY
Address: 1273 HWY A1A, UNIT 305
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D (X) Change () Addition
Name: GOSSELIN, ROGER
Address: 19 CEDAR WOOD
City-St-Zip: BILLERICA, MA 01821

Title: V (X) Change () Addition
Name: DAFOE JR, CHARLES
Address: 1273 HWY A1A #112
City-St-Zip: SATELLITE BEACH, FL 32937

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

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: JOE BOYLE

PRES

02/28/2009

Electronic Signature of Signing Officer or Director

Date