


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90026 046 \*\*\*\*61.25

<b>DOCUMENT # 728937</b> 1. Entity Name <b>SAND CASTLE I ASSOCIATION, INC.</b>					
Principal Place of Business <b>20000 GULF BLVD. INDIAN SHORES, FL 33785</b>				Mailing Address <b>C/O RICHARD C.G. 300 S DUNCAN AVE STE 220B CLEARWATER, FL 33755</b>	
2. Principal Place of Business		3. Mailing Address <b>C/O Richard C. Commons P.A.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>300 S. Duncan Ave., Ste. 220B</b>		02012006 Chg-NP CR2E037 (11/05)	
City & State		City & State <b>Clearwater, FL</b>		4. FEI Number <b>59-1561279</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip <b>33755</b>		Country <b>US</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NABORS, DALE 706 SOUTH LOIS AVENUE TAMPA, FL 33609</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B T</b> <b>FULLERTON, BARBARA</b> <b>20000 GULF BLVD</b> <b>INDIAN ROCKS BEACH, FL 33785</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D P</b> <b>NABORS, DALE</b> <b>706 SOUTH LOIS AVENUE</b> <b>TAMPA, FL 33609</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S D</b> <b>KOELER, BARBARA</b> <b>10607 CARROLL LANE</b> <b>TAMPA, FL 33618</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEREZ, JERRY</b> <b>3304 IVY STREET</b> <b>TAMPA, FL 33607</b>			<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D S</b> <b>PAPEN, NANCY</b> <b>19201 VISTA LANE B-6</b> <b>INDIAN ROCKS BEACH, FL 33785</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>R V P</b> <b>ZIONS, ARON Aron</b> <b>12616 CATEMARAN PLACE</b> <b>TAMPA, FL 33624</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Verne Betlach</b> <b>3557 Calypso Trail</b> <b>Faribault, MN 55021</b>			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<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.					
<b>SIGNATURE: <i>Barbara J. Fullerton</i></b>				<b>2/15/06 727-595-6616</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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