

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

02-23-2006 90013 022 ****61.25

DOCUMENT # 740973 1. Entity Name SAND CASTLE II ASSOCIATION, INC.					
Principal Place of Business 20002 GULF BOULEVARD INDIAN SHORES, FL 33785			Mailing Address C/O RICHARD C. COMMONS, P.A. 300 S DUNCAN AVE STE 220B CLEARWATER, FL 33755 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1946887	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCBAINE, JOHN W 14221 JOEL COURT LARGO, FL 33774				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCNEIL, ROBERT		NAME		
STREET ADDRESS	29 MCNAB DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GRIMSBY, ONTARIO, CA 13n 2y7		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMPSON, KEITH		NAME		
STREET ADDRESS	20002 GULF BLVD.		STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES, FL 33785		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLUMLEE, PAT		NAME		
STREET ADDRESS	417 1ST ST		STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCBAINE, JOHN W		NAME		
STREET ADDRESS	14221 JOEL COURT		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHER, ARTHUR W III		NAME		
STREET ADDRESS	5553 N. WATERS AVE #316		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336341212		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>John W. McBaine</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/8/06 727-593-1247 <small>Date Daytime Phone</small>		

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