

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90133 003 \*\*\*\*61.25

0063342

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 758809**

1. Corporation Name

**SAND DOLLAR I, INC.**

Principal Place of Business  
7990 HWY A1A SOUTH  
ST AUGUSTINE FL 32086

Mailing Address  
7990 HWY A1A SOUTH  
ST AUGUSTINE FL 32086



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/17/1981

4. FEI Number

59-2160319

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CHAPMAN, CINDY S  
7990 A1A S  
ST AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Cindy S. Chapman* CINDY S. CHAPMAN

DATE

4/10/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DEWS, JACKIE  
STREET ADDRESS 303 SAND DOLLAR I, A1A  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME IRMIS, MILES  
STREET ADDRESS 7990 A1A S, UNIT 202  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☒ DELETE

NAME ROWE, JAMES  
STREET ADDRESS 7990 A1A S, UNIT 305  
CITY-ST-ZIP ST AUGUSTINE FL

TITLE ☐ DELETE

NAME PINEL, BETTY LOU  
STREET ADDRESS 2174 BLENCOE RD  
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

NAME WARREN, SHANNON  
STREET ADDRESS 7990 A1A S, UNIT 306  
CITY-ST-ZIP ST AUGUSTINE FL

TITLE ☒ DELETE

NAME COOK, MARY  
STREET ADDRESS 101 SAND DOLLAR I AIA S  
CITY-ST-ZIP ST AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME MICHAEL PRICE  
STREET ADDRESS 7990 A1A SOUTH, #308  
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

2.1 TITLE ☐ Change ☒ Addition

NAME BUFFA BLANCHET  
STREET ADDRESS 7990 A1A SOUTH #502  
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

3.1 TITLE ☐ Change ☒ Addition

NAME HELEN FUESSNER  
STREET ADDRESS 7990 A1A SOUTH #506  
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* SIGNATURE REQUIRED

4/10/99

(904) 471-2609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)