## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2007 8:00 am Secretary of State

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DOCUMENT #758827  1. Entity Name SANDCASTLE BEACH HOMEOWNERS' ASSOCIATION, INC.						04-23-2007 90044 004 ****61.25				
Principal Place of Business 8522 GULF BLVD. NAVARRE BEACH, FL 32566		Mailing Address 1804 PRADO STREET NAVARRE BEACH, FL 32566				- - - - - - - - - - - - - - - - - - -			E1E# 818# 818#1 E1	RIANDI DA ADDA
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02282007	Chg-NP	CR2E	(12/06)	
City & State		City & State				4. FEI Numbe 59-2502			— — — ·	pplied For lot Applicable
Zip	Country	Zip	Cour	ntry		5. Certificate	of Status Desire	d 🗆	\$8.75 Ad Fee Require	
	6. Name and Address of Curre	nt Registered Agent				7. Name and	Address of Ne	w Registere	d Agent	
SLYE, DOROTHY				Name						
1804 PRAI NAVARRE	DO ST EBEACH, FL 32566			Street Address (P.O. Box Number is Not Acceptable)						
				City				F	L Zip Coc	de
	named entity submits this statemen tions of registered agent.	t for the purpose of changing it	ts registere	d office or r	registere	ed agent, or bot	h, in the State o	f Florida. I a	m familiar with	, and accept
SIGNATURE.	Signature, typed or printed name of registered aç	gent and title if applicable. (NC	TE: Registered	l Agent signature	re required	when reinstating)		DATE	E	
SIGNATURE .	Filing Fee is \$61.25	9. Election Ca	ampaign Fi	nancing		<b>\$5.00</b> May B	e	Make che	eck payable t	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Ca Trust Fund	ampaign Fir Contribution	nancing		\$5.00 May B Added to Fees	F	Make che lorida Dep	eck payable to	State
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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 annowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18/01 850-939-200

Daytime Phone #