


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90067 020 ****61.25

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|---|--|--|--|---|---|
| DOCUMENT # 758827 1. Entity Name SANDCASTLE BEACH HOMEOWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 8522 GULF BLVD. NAVARRE BEACH, FL 32566 | | | Mailing Address 1804 PRADO STREET NAVARRE BEACH, FL 32566 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2502643 | |
| 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 | | |
| SLYE, DOROTHY 1804 PRADO ST NAVARRE BEACH, FL 32566 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | TRS O'ROURKE, DONALD 8522 GULF BLVD #22 NAVARRE, FL 32566 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES BRYANT, TIM 8522 GULF BLVD. #17 NAVARRE, FL 32566 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BRAKE, BONNIE 8522 GULF BLVD #19 NAVARRE, FL 32566 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Jimmy CHATWELL 8522 Gulf Blvd #43 NAVARRE FL 32566 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BLAIS, SHERRY 8522 GULF BLVD #1 NAVARRE, FL 32566 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ROBERT BLAIS 8522 Gulf Blvd #11 NAVARRE, FL 32566 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BRADSHAW, ROBERT 8522 GULF BLVD. #44 NAVARRE, FL 32566 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MACQUEEN, BEVERLY 8522 GULF BLVD #12 NAVARRE, FL 32566 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RICHARD HICKS 8522 Gulf Blvd #39 NAVARRE FL 32566 |



03122008 Chg-NP CR2E037 (12/06)

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: Dorothy Syle 3/12/08 850-939-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #