## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 759637** 

FILED Apr 07, 2008 Secretary of State

Entity Name: SAND CASTLE BEACH CLUB ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

905 ESTERO BLVD. FT MYERS BCH, FL 33931

Current Mailing Address: New Mailing Address:

905 ESTERO BLVD. FT MYERS BCH, FL 33931

FEI Number: 59-2061501 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIES, CHRISTOPHER N. 12601 WORLD PLAZA LANE STE 2 FT MYERS, FL 33907 US

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.

SIGNATURE:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

 Title:
 VD
 ( ) Delete
 Title:
 PD
 (X) Change ( ) Addition

 Name:
 ALEMAGHIDES, NICHOLAS
 Name:
 KOSINSKI, JOSEPH

 Address:
 6531 THICKET TRAIL
 Address:
 135 GULF VIEW AVE

 City-St-Zip:
 NEW PORT RICHEY, FL 34653
 City-St-Zip:
 FORT MYERS BCH, FL 33931

Title: PD () Delete Title: VD (X) Change ( ) Addition HARKEN, THOMAS Name: HARKEN, THOMAS Name: Address: 18046 SAN CARLOS BLVD Address: 18046 SAN CARLOS BLVD City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: FORT MYERS BEACH, FL 33931

 Title:
 TD () Delete
 Title:
 TD (X) Change () Addition

 Name:
 LEVAK, ALAN
 Name:
 BEAN, GARY

 Address:
 13100 SW 11TH CT C201
 Address:
 344 ANDREW ST.

City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: EXETER, ONT, CA NOM 1S7

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 HAERTHER, LEROY
 Name:
 KORTE, BERNARD

 Address:
 1180 SW 14TH DR
 Address:
 6541 KENWOOD DR.

 City-St-Zip:
 BOCA RATON, FL 33486
 City-St-Zip:
 NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HARKEN VD 04/07/2008