2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759637

FILED Apr 28, 2009 Secretary of State

Entity Name: SAND CASTLE BEACH CLUB ASSOCIATION, INC.

905 ESTERO BLVD. 905 ESTERO BLVD

FT MYERS BCH, FL 33931 FORT MYERS BEACH, FL 339312192 US

Current Mailing Address: New Mailing Address:

905 ESTERO BLVD. 905 ESTERO BLVD.

FT MYERS BCH, FL 33931 FORT MYERS BEACH, FL 339312192 US

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

RONALD L. GRAHAM & COMPANY, P. A.
1314 CAPE CORAL PARKWAY
STE 207
CAPE CORAL, FL 339049643 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.

in the state of Florida.

SIGNATURE: RONALD L. GRAHAM 04/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 KOSINSKI, JOSEPH
 Name:

 Address:
 135 GULF VIEW AVE
 Address:

 City-St-Zip:
 FORT MYERS BCH, FL 33931
 City-St-Zip:

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

 Name:
 HARKEN, THOMAS
 Name:

 Address:
 18046 SAN CARLOS BLVD
 Address:

 City-St-Zip:
 FORT MYERS BEACH, FL 33931
 City-St-Zip:

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

Name: BEAN, GARY Name: BEAN, GARY

 Address:
 344 ANDREW ST.
 Address:
 6 CROYDON DRIVE BOX 102

 City-St-Zip:
 EXETER, ONT, CA NOM 1S7
 City-St-Zip:
 ARVA, ONT., CA NOM 1C0

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

 Name:
 KORTE, BERNARD
 Name:

 Address:
 6541 KENWOOD DR.
 Address:

 City-St-Zip:
 NORTH PORT, FL 34287
 City-St-Zip:

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: GARY BEAN TD 04/28/2009