

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90350 044 ****61.25

DOCUMENT # 762857					
1. Entity Name SANDCASTLES AT AMELIA ISLAND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O AMELIA ISLAND MGMT 3000 FIRST COAST HWY. AMELIA ISLAND, FL 32034			Mailing Address C/O AMELIA ISLAND MGMT 3000 FIRST COAST HWY. AMELIA ISLAND, FL 32034		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2266941	
6. Name and Address of Current Registered Agent GREGORY, DAVID AMELIA ISLAND PLANTATION 3000 FIRST COAST HWY. AMELIA ISLAND, FL 32034				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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 D NAME CRUMLEY, HENRY STREET ADDRESS P.O. BOX 956 CITY-ST-ZIP OMEGA, GA 31775	<input type="checkbox"/> Delete		TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FITZPATRICK, JAMES STREET ADDRESS 4128 NW 37TH DRIVE CITY-ST-ZIP GAINESVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME DICKSON, ROBERT STREET ADDRESS 1000 RIVERSIDE AVENUE SUITE 210 CITY-ST-ZIP JACKSONVILLE, FL 322044144	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME OLSON, RICHARD STREET ADDRESS 3323 HILTON WOODS DRIVE CITY-ST-ZIP COLUMBUS, GA 31906	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Skelton, Benson, JR. STREET ADDRESS 1320 Thomaswood Drive CITY-ST-ZIP Tallahassee, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HALL, DON STREET ADDRESS 4119 BROWNSBRIDGE ROAD CITY-ST-ZIP GAINESVILLE, GA 30504	<input type="checkbox"/> Delete		TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME MARGASON, TERI STREET ADDRESS 335 SOUTH CREEK DRIVE S. CITY-ST-ZIP INDIANAPOLIS, IN 46217	<input checked="" type="checkbox"/> Delete		TITLE D NAME Cutajar, Joe STREET ADDRESS P. O. Box 8035 CITY-ST-ZIP Amelia Island, FL 32035	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <i>Henry P. Crumley, Jr.</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			SECRETARY <i>3/3/06</i> _____ <small>Date Daytime Phone #</small>		

ATTACHMENT

40849881

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SANDCASTLES AT AMELIA ISLAND CONDIMINIUM ASSOCIATION, INC.

10. Officers and Directors (continued)

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Addition

Hewitt, Kenneth

9470 River Club Parkway

Duluth, GA 30097