

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90043 006 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02092007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2266941				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 SKELTON, JR, BENSON STREET ADDRESS 1320 THOMASWOOD DR CITY-ST-ZIP TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME HALL, DON STREET ADDRESS 4119 BROWNSBRIDGE ROAD CITY-ST-ZIP GAINESVILLE, GA 30504	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CUTAJAR, JOE STREET ADDRESS P.O. BOX 8035 CITY-ST-ZIP AMELIA ISLAND, FL 32035	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3/7/07 Daytime Phone #		

ATTACHMENT
40064495

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Additions:

D
Hewitt, Kenneth
9470 Riverclub Parkway
Duluth, GA 30097