2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# 770960

Entity Name: SANDCASTLES CONDOMINIUM MANAGEMENT CORP.

Current Principal Place of Business:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2532325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	HEFNER, JERRY	
Address:	19460 TOWNLINE RD	
City-St-Zip:	WAPAKONETA, OH 45895	
Title:	SD	( ) Delete
Name:	WHITEHEAD, CATHERINE D MRS	
Address:	14006 MARIELLEN RD	
City-St-Zip:	HUNTSVILLE, AL 35803	
Title:	TD	( ) Delete
Name:	BOGAUSCH, FRITZ	
Address:	1000 N. ATLANTIC AVE 415	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:	PD	( ) Delete
Name:	POLICH, DOUG	
Address:	6133 ST JOHNS AVE	
City-St-Zip:	EDINA, MN 55424	
Title:	VD	( ) Delete
Name:	MCLINTOCK, BOB	
Address:	40 OAKHILL AVE	
City-St-Zip:	SEEKONK, MA 02771 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	PRETSCH, DON	
Address:	1050 N ATLANTIC AVE #409	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUG POLICH PD 04/12/2006

Electronic Signature of Signing Officer or Director — Date