

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770960

FILED
Mar 20, 2007
Secretary of State

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: COOK, FRED
Address: 34 S SULLOWAY ST
City-St-Zip: FRANKLIN, NH 03235

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

03/20/2007

Electronic Signature of Signing Officer or Director

Date