

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770960

FILED
Mar 16, 2009
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: SD () Delete
Name: WHITEHEAD, CATHERINE D MRS
Address: 14006 MARIELLEN RD
City-St-Zip: HUNTSVILLE, AL 35803 US

Title: TD () Delete
Name: THOMPSON, DOUG
Address: 9650 PRAIRIEWOOD WAY
City-St-Zip: CARMEL, IN 46032 US

Title: PD () Delete
Name: VAN GILDER, JIM
Address: 46123 LARCHMONT DR.
City-St-Zip: CANTON, MI 48187 US

Title: VD () Delete
Name: GARCIA, JOSE
Address: 1350 CYPRESS TRACE DR.
City-St-Zip: MELBOURNE, FL 32940 US

Title: D () Delete
Name: ROBINSON, DAVE
Address: 1736 PRINCESS CIRCLE
City-St-Zip: NAPERVILLE, IL 60564 US

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: VPD (X) Change () Addition
Name: GARCIA, JOSE
Address: 1350 CYPRESS TRACE DR
City-St-Zip: MELBOURNE, FL 32940 US

Title: () Change () Addition
Name:
Address:
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: JIM VAN GILDER

PD

03/16/2009

Electronic Signature of Signing Officer or Director

Date