

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N01000001254**

1. Entity Name  
**SANDCASTLES BY THE SEA HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**51 S. ANDALUSIA AVENUE  
SANTA ROSA BEACH, FL 32459**

Mailing Address  
**51 S. ANDALUSIA AVENUE  
SANTA ROSA BEACH, FL 32459**



01082007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3604898**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BENNETT, KAREN B  
51 S. ANDALUSIA AVENUE  
SANTA ROSA, FL 32459**

**DO NOT WRITE  
IN THIS SPACE**

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

*Karen Bennett*  
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

*1/10/07*

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U000000585859  
01/16/07-80021-018 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	BRDM
NAME	MCNEASE, LOUISA
STREET ADDRESS	39 SANDCASTLE CT.
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	TRES
NAME	BENNETT, KAREN
STREET ADDRESS	51 ANDALUSIA
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	PRES
NAME	IVEY, RAY
STREET ADDRESS	SANDCASTLE COURT
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Ka Bennett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1/10/07*

Daytime Phone #

*850 231 7903*