

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001081

FILED
Jan 17, 2008
Secretary of State

Entity Name: SANDCASTLE WOODLANDS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2147 PINK FLAMINGO LANE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15493
TALLAHASSEE, FL 323175493

New Mailing Address:

FEI Number: 59-3240487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, MARK
2147 PINK FLAMINGO LANE
TALLAHASSEE, FL 32308 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: GILREATH, DEBBIE
Address: 2145 PINK FLAMINGO LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD () Delete
Name: THOMAS, MARY JACKSON
Address: 2122 PINK FLAMINGO LN
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD () Delete
Name: MITCHELL, MARK
Address: 2147 PINK FLAMINGO LN
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: BISHOP-WHITE, MARY
Address: 2103 PINK FLAMINGO LN
City-St-Zip: TALLAHASSEE, FL 32308

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:

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: DEBBIE GILREATH

SD

01/17/2008

Electronic Signature of Signing Officer or Director

Date