

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90183 045 \*\*\*\*61.25

**DOCUMENT # N95000002571**

1. Entity Name

**SANDCASTLE VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**9524 GULF SHORE DRIVE  
NAPLES FL 33963**

Mailing Address

**2335 TAMiami TTR N  
STE 505  
NAPLES FL 34103  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

**59-3376636**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GULFVIEW PROPERTY MGMT INC  
2335 TAMiami TRAIL N  
STE 505  
NAPLES FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **KOLEMAN, IVAN**  
STREET ADDRESS **3941 N VILLAGE ROUN**  
CITY-ST-ZIP **PARK CITY UT 84060**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **LEVREAU, BARBARA**  
STREET ADDRESS **9524 GULF SHORE DR. # 2**  
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Delete  
NAME **BOSTON, RICHARD**  
STREET ADDRESS **3143 FOREST DR**  
CITY-ST-ZIP **RICHMOND IN 47374**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Velatini, Bonnie**  
STREET ADDRESS **10823 Longshore Way E**  
CITY-ST-ZIP **Naples, Fl. 34119**

TITLE **PD** ☒ Delete  
NAME **VELATINI, CARL**  
STREET ADDRESS **10823 LONGSHORE WAY E**  
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Kohlman, Billie**  
STREET ADDRESS **3941 N. Village Roun**  
CITY-ST-ZIP **Park City, UT 84060**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Barbara Leveau*

*4-14-06 239-463-7991*