

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N95000002571 1. Entity Name SANDCASTLE VILLAS CONDOMINIUM ASSOCIATION,																																																																																																																																							
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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																																																																					
																																																																																																																																							
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		4. FEI Number 59-3376636																																																																																																																																					
		Applied For Not Applicable																																																																																																																																					
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent GULFVIEW PROPERTY MGMT INC 2335 TAMIAMI TRAIL N STE 505 NAPLES FL 34103		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____																																																																																																																																							
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																					
		Make Check Payable to Florida Department of State																																																																																																																																					
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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: <i>Barbara Leveau</i> 4/26/07 514-8220																																																																																																																																							