

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002571

FILED
Mar 09, 2009
Secretary of State

Entity Name: SANDCASTLE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9524 GULF SHORE DRIVE
NAPLES, FL 33963

New Principal Place of Business:

9524 GULF SHORE DRIVE
NAPLES, FL 34110

Current Mailing Address:

2335 TAMIAMI TTR N
STE 505
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-3376636 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GULFVIEW PROPERTY MGMT INC
2335 TAMIAMI TRAIL N
STE 505
NAPLES, FL 34103 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: TD () Delete
Name: LEVREAU, BARBARA
Address: 9524 GULF SHORE DR. # 2
City-St-Zip: NAPLES, FL 34108

Title: PD () Delete
Name: VELATINI, BONNIE
Address: 10823 LONGSHORE WAY E
City-St-Zip: NAPLES, FL 34119

Title: SD () Delete
Name: KOHLMAN, BILLIE
Address: 3941 N VILLAGE ROUN
City-St-Zip: PARK CITY, UT 84060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: KOHLMAN, IKE
Address: 9524 GULF SHORE DR. # 6
City-St-Zip: NAPLES, FL 34108

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: IKE KOHLMAN

TD

03/09/2009

Electronic Signature of Signing Officer or Director

Date