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Apr 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005998 (6)**

1. Corporation Name

**SANDCASTLE PLAYERS, INC.**

Principal Place of Business

Mailing Address

**8104 GULF DRIVE  
HOLMES BEACH FL 34217**

**8104 GULF DRIVE  
HOLMES BEACH FL 34217**

3. Date Incorporated or Qualified

**10/24/1997**

4. FEI Number

**65-0787823**

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COURTNEY, LUCIEN W  
8104 GULF DRIVE  
HOLMES BEACH FL 34217**

81 Name

**LUCIEN W. COURTNEY**

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

**8104 GULF DR**

83

84 City

**HOLMES BEACH**

FL

85 Zip Code

**34217**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

*Lucien W. Courtney*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/9/98**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD JOY COURTNEY**

STREET ADDRESS **8104 GULF DR**

CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE ☐ DELETE

NAME **VD JANE LEWIS**

STREET ADDRESS **813 27th St. W.**

CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ DELETE

NAME **TD PATRICIA HOFEG**

STREET ADDRESS **526 77th S.**

CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE ☐ DELETE

NAME **SD MARTHA STEWART**

STREET ADDRESS **315 IRIS ST.**

CITY-ST-ZIP **ANNA MARIA, FL 34216**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Joy Courtney* **JOY COURTNEY**

**4/9/98**

**(941) 778-3405**

CR2E037 (10/97)