

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90417 017 ****61.25

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1. Entity Name
**SANDCASTLE CONDOMINIUM ASSOCIATION OF NEW
SMYRNA BEACH, INC.**



Principal Place of Business
**5221 S. ATLANTIC AVE.,
NEW SMYRNA BEACH, FL 32169**

Mailing Address
**5221 S. ATLANTIC AVE.,
NEW SMYRNA BEACH, FL 32169**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
06-1512429

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

**WHITE, TOMMY
5221 SOUTH ATLANTIC AVE
405
NEW SMYRNA BEACH, FL 32169**

Name **STEPHEN M. MEERMAN**
Street Address (P.O. Box Number is Not Acceptable)
5221 SOUTH ATLANTIC AVENUE
City **NEW SMYRNA BEACH, FL** Zip Code **32169**

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

Filing 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 PD ☒ Delete
NAME WHITE, TOMMY H
STREET ADDRESS 5221 S ATLANTIC AVE #405
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE ☐ Change ☒ Addition
NAME **JUDY SANBORN**
STREET ADDRESS **5221 S. ATLANTIC AVE., #505**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE DV ☐ Delete
NAME GUENTHER, PAUL R
STREET ADDRESS 5221 S ATLANTIC AVE., #202
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE ☒ Change ☐ Addition
NAME **GUENTHER, PAUL R.**
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME JONES, RONALD
STREET ADDRESS 5221 S ATLANTIC AVE #104
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

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

TITLE D ☐ Delete
NAME SPEED, JUDITH
STREET ADDRESS 5221 S. ATLANTIC AVE #305
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

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

TITLE D ☐ Delete
NAME WOODY, ROBERT
STREET ADDRESS 5221 S ATLANTIC AVE #404
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

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

TITLE D ☐ Delete
NAME KETCHUM, WALTER JR
STREET ADDRESS 5221 S ATLANTIC AVE #102
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #