

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000089828

**FILED**  
**Mar 05, 2010**  
**Secretary of State**

**Entity Name:** SANDCASTLE COMMUNITY MANAGEMENT, INC.

**Current Principal Place of Business:**

1719 TRADE CENTER WAY #4  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8478  
NAPLES, FL 341018478

**New Mailing Address:**

1719 TRADE CENTER WAY #4  
NAPLES, FL 34109

**FEI Number:** 65-1139084

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE ARMAS, MARIA LUISA  
1719 TRADE CENTER WAY #4  
NAPLES, FL 34109 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DEARMAS, MARIALUISA  
Address: 12901 BRYNWOOD WAY  
City-St-Zip: NAPLES, FL 34105

Title: D  
Name: WINKLER, NANCY  
Address: 9366 WESTMINSTER AVE,  
City-St-Zip: ENGLEWOOD, FL 34224

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MARIA LUISA DE ARMAS

PRES

03/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date