

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758809

**Entity Name:** SAND DOLLAR I, INC.**Current Principal Place of Business:**7990 HWY A1A SOUTH  
ST AUGUSTINE, FL 32080**Current Mailing Address:**7990 HWY A1A SOUTH  
ST AUGUSTINE, FL 32080**FEI Number:** 59-2160319**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COASTAL REALTY & PROPERTY MGMT INC  
3942 A1A S  
ST AUGUSTINE, FL 32080 US*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

**Officer/Director Detail :**

Title           TREASURER  
Name           GIDEL, JOHN  
Address        502 CAMBRIDGE DR.  
City-State-Zip: MOUNT LAUREL NJ 08054

Title           VP  
Name           DIETRICH, WILLIAM  
Address        2973 BERNICE DRIVE  
City-State-Zip: JACKSONVILLE FL 32557

Title           DIRECTOR  
Name           LENTZ, FRANKLIN  
Address        7130 NW 20TH PL  
City-State-Zip: GAINESVILLE FL 32605

Title           MANAGER  
Name           ALLIGOOD, JUDY  
Address        3942 A1A SOUTH  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title           DIRECTOR  
Name           KELLER, BRIAN  
Address        7990 ALA S #205  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title           SECRETARY  
Name           SCARBOROUGH, KAREN  
Address        3122 NW 57TH TERR  
City-State-Zip: GAINESVILLE FL 32606

Title           PRESIDENT  
Name           ACUFF, LUCIAN  
Address        548 MIDWAY CR  
City-State-Zip: BRENTWOOD TN 37027

Title           DIRECTOR  
Name           WALPOLE, ROBERT  
Address        7524 SW 116TH TERRACE  
City-State-Zip: GAINESVILLE FL 32608

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

**SIGNATURE:** JUDY ALLIGOOD

MANAGER

02/02/2022

Electronic Signature of Signing Officer/Director Detail

Date