2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755968

FILED Jan 13, 2009 Secretary of State

Entity Name: SANDCASTLE CONDOMINIUM ASSOCIATION OF JACKSONVILLE BEACH, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 707 SOUTH 1ST STREET JACKSONVILLE BEACH, FL 32250 US **Current Mailing Address: New Mailing Address:** 707 SOUTH 1ST STREET SUITE 504 JACKSONVILLE BEACH, FL 32250 US FEI Number: 59-2168495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATTERSON, LAWRENCE R 3010 S THIRD STREET, SUITE A JACKSONVILLE BEACH, FL 32250 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STEWART, KIRSTI Name: Name: 707 S. 1ST ST. #504 Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: Title: Title: () Delete () Change () Addition LEVIN, ALICE Name: Name: Address: 707 SOUTH FIRST STREET #101 Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 US City-St-Zip: Title: VΡ () Delete Title: () Change () Addition ROGERS, TRACEY Name: Name: 707 SOUTH 1ST STREET #302 Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: PATRICH, JOHN Name: Address: 707 S. 1ST ST. #304 Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 US City-St-Zip: Title: DV () Delete Title: () Change () Addition FRASER, MIKE Name: Name: 707 SOUTH 1ST STREET # 201 Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 US City-St-Zip: Title: () Delete Title: () Change () Addition RICHMOND, REBEKAH Name: Name: Address: 707 S. 1ST ST. #102 Address: JACKSONVILLE BEACH, FL 32250 US City-St-Zip: 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: KIRSTI STEWART T 01/13/2009