

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755968

Entity Name: SANDCASTLE CONDOMINIUM ASSOCIATION OF JACKSONVILLE BEACH, FLORIDA, INC.**Current Principal Place of Business:**707 SOUTH 1ST STREET
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**707 SOUTH 1ST STREET
SUITE 504
JACKSONVILLE BEACH, FL 32250 US**FEI Number: 59-2168495****Certificate of Status Desired:** No**Name and Address of Current 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**Officer/Director Detail :**

Title	T
Name	STEWART, KIRSTI
Address	707 S. 1ST ST. #504
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	P
Name	MURPHY, BARBARA
Address	707 SOUTH FIRST STREET #402
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	DIRECTOR
Name	AQUINO, MARK
Address	707 SOUTH 1ST STREET #502
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	D
Name	PATRICH, JOHN
Address	707 S. 1ST ST. #304
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	D
Name	LONGUIL, MARGARET
Address	707 SOUTH 1ST STREET # 104
City-State-Zip:	JACKSONVILLE BEACH FL 32250

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: KIRSTI STEWART**TREASURER****02/12/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date