

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755968 (5)

1. Corporation Name

SANDCASTLE CONDOMINIUM ASSOCIATION OF JACKSONVILLE BEACH, FLORIDA, INC.

Principal Place of Business

Mailing Address

707 SOUTH 1ST STREET
SUITE 101
JACKSONVILLE BEACH FL 32250
US707 SOUTH 1ST STREET
SUITE 101
JACKSONVILLE BEACH FL 32250-6675
US3. Date Incorporated or Qualified
01/20/19813a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 Suite 201 10126 Suite, Apt. #, etc.
27 Suite 201 101

23 City & State

28 City & State

24 Zip Country
2529 Zip Country
30

4. FEI Number

59-2168495

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HURD, PETER W
707 S FIRST ST #104
JACKSONVILLE BEACH FL 32250

81 Name

LAWRENCE R. PATTERSON

82 Street Address (P.O. Box Number is Not Acceptable)

3010 S. Third Street, Suite A

83

84 City

Jacksonville Beach

FL

85 Zip Code

32250

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME THOMAS, JOHN
STREET ADDRESS 707 S 1ST ST #103
CITY-ST-ZIP JAX BEACH FL
DELETE1.1 TITLE Director
1.2 NAME Margarita Arruza
1.3 STREET ADDRESS 707 South First Street, #304
1.4 CITY-ST-ZIP Jacksonville Beach, FL 32250
Change AdditionTITLE VP
NAME BALLARD, FRANCIS
STREET ADDRESS 707 S. 1ST. ST. #604
CITY-ST-ZIP JAX BEACH FL
DELETE2.1 TITLE D/P
2.2 NAME Richard C. Prosser
2.3 STREET ADDRESS 707 South First Street, #302
2.4 CITY-ST-ZIP Jacksonville Beach, FL 32250
Change AdditionTITLE T
NAME HURD, PETER W
STREET ADDRESS 707 S. FIRS. ST. #104
CITY-ST-ZIP JACKSONVILLE FL
DELETE3.1 TITLE D/S/T
3.2 NAME Douglas B. Lewis
3.3 STREET ADDRESS 707 South First Street, #101
3.4 CITY-ST-ZIP Jacksonville Beach, FL 32250
Change AdditionTITLE D
NAME CLARK, ROY
STREET ADDRESS 707 S FIRST ST. #304
CITY-ST-ZIP JACKSONVILLE FL
DELETE4.1 TITLE D
4.2 NAME Barbara Fletcher
4.3 STREET ADDRESS 707 South First Street, #501
4.4 CITY-ST-ZIP Jacksonville Beach, FL 32250
Change AdditionTITLE D
NAME MATHENA, LAWRENCE
STREET ADDRESS 707 SOUTH 1ST STREET #301
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250
DELETE5.1 TITLE D
5.2 NAME Barbara Probst
5.3 STREET ADDRESS 707 South First Street, #102
5.4 CITY-ST-ZIP Jacksonville Beach, FL 32250
Change AdditionTITLE D/vp
NAME FRASIER, MICHAEL
STREET ADDRESS 707 SOUTH 1ST STREET #201
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250
DELETE6.1 TITLE D
6.2 NAME William Galinski
6.3 STREET ADDRESS 707 South First Street, #404
6.4 CITY-ST-ZIP Jacksonville Beach, FL 32250
Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0006882

CR2E037 (9/96)