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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755968

1. Corporation Name

SANDCASTLE CONDOMINIUM ASSOCIATION OF JACKSONVILLE BEACH, FLORIDA, INC.

Principal Place of Business

707 SOUTH 1ST STREET
SUITE 101
JACKSONVILLE BEACH FL 32250
US

Mailing Address

707 SOUTH 1ST STREET
SUITE 101
JACKSONVILLE BEACH FL 32250
US

360830-90129-49



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/20/1981
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2168495
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PATTERSON, LAWRENCE R.
3010 S THIRD STREET, SUITE A
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARRUZA, MARGARITA	
STREET ADDRESS	707 S 1ST ST #304	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PROSSER, RICHARD C.	
STREET ADDRESS	707 S 1ST ST #302	
CITY-ST-ZIP	JAX BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	LEWIS, DOUGLAS B.	
STREET ADDRESS	707 S 1ST ST, #101	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLETCHER, BARBARA	
STREET ADDRESS	707 S 1ST ST, #501	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PROBST, BARBARA	
STREET ADDRESS	707 S 1ST ST, #102	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIELINCKI, WILLIAM	
STREET ADDRESS	707 S 1ST ST, #404	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MIKE FRASER	
1.3 STREET ADDRESS	707 S. 1ST ST. # 201	
1.4 CITY-ST-ZIP	JACKSONVILLE Bch, FL 32250	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	AMEEN HAKIM	
2.3 STREET ADDRESS	707 S. 1ST ST. # 204	
2.4 CITY-ST-ZIP	JACKSONVILLE Bch, FL 32250	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FRED KING	
3.3 STREET ADDRESS	707 S. 1ST ST. # 202	
3.4 CITY-ST-ZIP	JACKSONVILLE Bch, FL 32250	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/99

Date

904-359-4386

Daytime Phone #

0005664

CR02037 / 14/091