

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90128 013 ****61.25

DOCUMENT # 755968

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2168495**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE **D**
NAME **ARRUZA, MARGARITA**
STREET ADDRESS **707 S 1ST ST #304**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DP**
NAME **MCKENZIE, MAC**
STREET ADDRESS **707 SOUTH 1ST STREET**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **DST**
NAME **MESSERLIE, DAVID P**
STREET ADDRESS **707 SOUTH 1ST STREET**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D**
NAME **DAWSON, RICHARD**
STREET ADDRESS **707 SOUTH 1ST STREET**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D**
NAME **FRASER, MIKE**
STREET ADDRESS **707 SOUTH 1ST STREET**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D**
NAME **COOKE, LARRY**
STREET ADDRESS **707 SOUTH 1ST STREET**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

David P. Messerlie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03 (904) 241-1200

CR2E037 (10/02)