

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90009 032 ****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**

44049869



2. Principal Place of Business

3. Mailing Address

8119 Green Glade Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

40 K. Stewart

07182004

Chg-NP

CR2E037 (10/03)

City & State

City & State

Jacksonville, FL

4. FEI Number

59-2168495

Applied For

Not Applied

Zip

Country

Zip

32256

Country

USA

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

**Filing Fee is \$61.25
Due by September 8, 2004**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRUZA, MARGARITA 707 S 1ST ST #304 JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCKENZIE, MAC 707 SOUTH 1ST STREET JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MESSERLIE, DAVID P 707 SOUTH 1ST STREET JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, RICHARD 707 SOUTH 1ST STREET JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRASER, MIKE 707 SOUTH 1ST STREET JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOKE, LARRY 707 SOUTH 1ST STREET JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Kirsti Stewart 8119 Green Glade Rd Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Gryb 707 South 1st Street # 504 Jacksonville Beach, FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Francis Ballard 707 South 1st St # 604 Jacksonville Beach, FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kirsti Stewart* 7-23-04