

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$198 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Merritt  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:16

**DOCUMENT # 759904 (6)**

1. Corporation Name  
**SANDCASTLES BY THE SEA TOWNHOMES OWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**113 HOLLYWOOD BLVD. NW  
P. O. BOX 2317  
FT. WALTON BCH. FL 32549**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/03/1981</b>	3a. Date of Last Report <b>06/16/1994</b>
4. FEI Number <b>59-2824282</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	29 Country
30 Zip	31 Country

9. Name and Address of Current Registered Agent  
**SHELLEY, EULICE E.  
113 HOLLYWOOD BLVD. NW  
FT. WALTON BCH. FL 32549**

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: *Eulice Shelley* (Signature of Registered Agent)  
Name: *Eulice Shelley* (Name of Registered Agent)  
Title: *Registered Agent* (Title of Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>SHELLEY, EULICE E.</b>
STREET ADDRESS	<b>259 SLEEPY OAKS LANE, N.E.</b>
CITY, ST, ZIP	<b>FT. WALTON BCH. FL</b>
TITLE	<b>ST</b>
NAME	<b>SMITH, H. GENE</b>
STREET ADDRESS	<b>200 SW MIRACLE STRIP PKW</b>
CITY, ST, ZIP	<b>FT. WALTON BCH. FL</b>
TITLE	<b>D</b>
NAME	<b>HARRIS, WILLIAM A.</b>
STREET ADDRESS	<b>RT. 2 BOX 7708</b>
CITY, ST, ZIP	<b>SANTA ROSA BCH. FL</b>
TITLE	<b>D</b>
NAME	<b>DUNN, PETER</b>
STREET ADDRESS	<b>4528 MARSEILLES PLACE</b>
CITY, ST, ZIP	<b>METAIRIE LA</b>
TITLE	<b>D</b>
NAME	<b>GUMMERE, WALTER</b>
STREET ADDRESS	<b>5703 HEMPSTEAD RD.</b>
CITY, ST, ZIP	<b>LOUISVILLE KY</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (SEE 12)

11 TITLE	<b>R.D. 345</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE	<b>S.D. 335</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE	<b>V.P. 303</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE	<b>D Mary Sue Fortner</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>P. O. Box 361254</b>	
43 STREET ADDRESS	<b>Birmingham AL 35236</b>	
44 CITY, ST, ZIP		
51 TITLE	<b>D. George W. Williams</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>775 Doncastly Dr.</b>	
53 STREET ADDRESS	<b>Baton Rouge, LA. 70815</b>	
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 individual with an address.

SIGNATURE: *Eulice Shelley*  
Name: *Eulice Shelley*  
Title: *Registered Agent*

CR2E037 (3/95)

CR# 244 #153-02

6-12-95 904-244-7661