

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90026 047 ****61.25

DOCUMENT # 759904
 1. Entity Name
SANDCASTLES BY THE SEA TOWNHOMES OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
 191 BLUE MOUNTAIN RD 775 DONCASTER DR
 UNIT 201-BOX #1 BATON ROUGE LA 70815
 SANTA ROSA BEACH FL 32459 US
 US

44011001



MOORE CR2E037 (11/03)

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 **59-2824282** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WADE, MARVIN
191 BLUE MOUNTAIN ROAD
SANTA ROSA BEACH FL 32459

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**
Due By May 1, 2004

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	FINERAN, DARYL	
STREET ADDRESS	820 LITTLEFIELD ST	
CITY-ST-ZIP	JESUP GA 31546	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'CONNOR, JONI	
STREET ADDRESS	3606 WOOD CLIFF DR	
CITY-ST-ZIP	KALAMAZOO MI 49006	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDONELL, RICHARD	
STREET ADDRESS	514 WEBSTER DR	
CITY-ST-ZIP	MANCHESTER GA 31816	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILLIAMS, GEORGE W	
STREET ADDRESS	775 DONCASTER DR	
CITY-ST-ZIP	BATON ROUGE LA 78815	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, MARY C	
STREET ADDRESS	191 BLUE MOUNTAIN RD	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 19.07(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: *George Williams* **GEORGE W WILLIAMS** 2/2/04 225-275-0575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #