


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90080 040 ****61.25

DOCUMENT # 759904			
1. Entity Name SANDCASTLES BY THE SEA TOWNHOMES OWNERS' ASSOCIATION, INC.			
Principal Place of Business 191 BLUE MOUNTAIN RD UNIT 201-BOX #1 SANTA ROSA BEACH FL 32459 US		Mailing Address 775 DONCASTER DR BATON ROUGE LA 70815 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40007163



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2824282				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WADE, MARVIN 191 BLUE MOUNTAIN ROAD SANTA ROSA BEACH FL-32459			Name: <u>MARYLO MORRIS</u> Street Address (P.O. Box Number is Not Acceptable): <u>191 BLUE MOUNTAIN RD</u> City: <u>SANTA ROSA BCH, FL</u> Zip Code: <u>32459</u>		

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: Mary Jo Morris / sww (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: FINERAN, DARYL STREET ADDRESS: 820 LITTLEFIELD ST CITY-ST-ZIP: JESUP GA 31546	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: O'CONNER, JONI STREET ADDRESS: 3606 WOOD CLIFF DR CITY-ST-ZIP: KALAMAZOO MI 49006	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PC NAME: McDONELL, RICHARD STREET ADDRESS: 514 WEBSTER DR CITY-ST-ZIP: MANCHESTER GA 31816	<input type="checkbox"/> Delete	TITLE: PRESIDENT NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: WILLIAMS, GEORGE W STREET ADDRESS: 775 DONCASTER DR CITY-ST-ZIP: BATON ROUGE LA 78815	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BAILEY, MARY C STREET ADDRESS: 191 BLUE MOUNTAIN RD CITY-ST-ZIP: SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: George W Williams GEORGE W WILLIAMS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #