

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 22 1998 8:00am  
 Secretary of State

|  |   |  |
|--|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 759904 (6)

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



|  |  |  |  |   |  |
|--|--|--|--|---|--|
| Principal Place of Business  |  | Mailing Address                                |  | 3. Date Incorporated or Qualified   |  |
| 191 BLUE MOUNTAIN BEACH<br>#201<br>SANTA ROSA BEACH FL 32549<br>US |  | 775 DONCASTER DR<br>BATON ROUGE LA 70815<br>US |  | 09/03/1981  |  |
| 2. Principal Place of Business                                     |  | 2a. Mailing Address                            |  | 4. FEI Number   |  |
| 21 229 BLUE MOUNTAIN RD  |  | 26   |  | 59-2824282  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                            |  | Applied For   |  |
| 22 # 101   |  | 27   |  | Not Applicable  |  |
| City & State   |  | City & State                                   |  | 5. Certificate of Status Desired  |  |
| 23 BATON ROUGE LA  |  | 28   |  | <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| Zip  |  | Country  |  | 6. Election Campaign Financing Trust Fund Contribution  |  |
| 24 70815   |  | 25 USA   |  | 27 <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
| 29   |  | 30   |  | 7. Is this nonprofit corporation a homeowners association?  |  |
|  |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
|  |  |  |  | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. |  |
|  |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                           |  |  |  | 10. Name and Address of New Registered Agent                                  |  |  |  |
| WADE, MARVIN M<br>191 BLUE MOUNTAIN BEACH DR<br>SANTA ROSA BEACH FL 32549 |  |  |  | 81 Name DEBORAH ADAMS   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br>229 BLUE MOUNTAIN RD |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City SANTA ROSA BEACH FL 85 Zip Code 32549                                 |  |  |  |

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: Deborah Adams DEBORAH ADAMS - PRESIDENT DATE: \_\_\_\_\_

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

| 12. OFFICERS AND DIRECTORS |                            |  |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |
|----------------------------|----------------------------|--|--------------------|---|--|--|--|
| TITLE                      | PD                         | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE          | PD  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | WADE, MARVIN M             |  | 1.2 NAME           | DEBORAH ADAMS   |  |  |  |
| STREET ADDRESS             | 191 BLUE MOUNTAIN BEACH DR |  | 1.3 STREET ADDRESS | 229 BLUE MOUNTAIN RD                                  |  |  |  |
| CITY-ST-ZIP                | SANTA ROSA BEACH FL        |  | 1.4 CITY-ST-ZIP    | SANTA ROSA BEACH, FL 32549                            |  |  |  |
| TITLE                      | D                          | <input type="checkbox"/> DELETE            | 2.1 TITLE          | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME                       | WILLIAMS, GEORGE W         |  | 2.2 NAME           | RANDY ISABCS  |  |  |  |
| STREET ADDRESS             | 775 DONCASTER DR           |  | 2.3 STREET ADDRESS | 184 GULL LANE   |  |  |  |
| CITY-ST-ZIP                | BATON ROUGE LA             |  | 2.4 CITY-ST-ZIP    | COTTON TOWN, TN 37048                                 |  |  |  |
| TITLE                      | PD                         | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | WADE, MARVIN M             |  | 3.2 NAME           |   |  |  |  |
| STREET ADDRESS             | 191 BLUE MOUNTAIN BEACH DR |  | 3.3 STREET ADDRESS |   |  |  |  |
| CITY-ST-ZIP                | SANTA ROSA BEACH FL        |  | 3.4 CITY-ST-ZIP    |   |  |  |  |
| TITLE                      | D                          | <input type="checkbox"/> DELETE            | 4.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | BAILEY, MARY C             |  | 4.2 NAME           |   |  |  |  |
| STREET ADDRESS             | 338 LARED DR               |  | 4.3 STREET ADDRESS |   |  |  |  |
| CITY-ST-ZIP                | BIRMINGHAM AL              |  | 4.4 CITY-ST-ZIP    |   |  |  |  |
| TITLE                      |                            | <input type="checkbox"/> DELETE            | 5.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                            |  | 5.2 NAME           |   |  |  |  |
| STREET ADDRESS             |                            |  | 5.3 STREET ADDRESS |   |  |  |  |
| CITY-ST-ZIP                |                            |  | 5.4 CITY-ST-ZIP    |   |  |  |  |
| TITLE                      |                            | <input type="checkbox"/> DELETE            | 6.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                            |  | 6.2 NAME           |   |  |  |  |
| STREET ADDRESS             |                            |  | 6.3 STREET ADDRESS |   |  |  |  |
| CITY-ST-ZIP                |                            |  | 6.4 CITY-ST-ZIP    |   |  |  |  |

14. 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 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 attachment with an address.

SIGNATURE: George W Williams GEORGE W WILLIAMS 7/10/98 504 275 0575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/98)