


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90089 025 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 759904**

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

|  |   |
|--|---|
| Principal Place of Business<br>229 BLUE MOUNTAIN ROAD #101 BATON ROUGE LA 70815 US | Mailing Address<br>775 DONCASTER DR BATON ROUGE LA 70815 US |
|--|---|



|                                      |                           |   |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>09/03/1981   |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2824282   |
| City & State<br>23                   | City & State<br>28        | Applied For<br>Not Applicable   |
| Zip<br>24                            | Country<br>25             | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |
|                                      | Country<br>29             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

**ADAMS, DEBORAH**  
**229 BLUE MOUNTAIN RD**  
**SANTA ROSA BEACH FL 32549**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | PD                        | <input type="checkbox"/> DELETE |
| NAME           | ADAMS, DEBORAH            |                                 |
| STREET ADDRESS | 229 BLUE MOUNTAIN ROAD    |                                 |
| CITY-ST-ZIP    | SANTA ROSA BEACH FL 32549 |                                 |
| TITLE          | D                         | <input type="checkbox"/> DELETE |
| NAME           | ISAACS, RAMON             |                                 |
| STREET ADDRESS | 184 GULL LANE             |                                 |
| CITY-ST-ZIP    | COTTON TOWN TN 37048      |                                 |
| TITLE          | D                         | <input type="checkbox"/> DELETE |
| NAME           | BAILEY, MARY C            |                                 |
| STREET ADDRESS | 338 LARED DR              |                                 |
| CITY-ST-ZIP    | BIRMINGHAM AL             |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                         |  |
|--------------------|-------------------------|--|
| 1.1 TITLE          | S/T                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | GEORGE W WILLIAMS       |  |
| 1.3 STREET ADDRESS | 775 DONCASTER DR        |  |
| 1.4 CITY-ST-ZIP    | BATON ROUGE, LA 70815   |  |
| 2.1 TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | GEORGE CAILTON          |  |
| 2.3 STREET ADDRESS | 289 N. DARK HOLLOW DR.  |  |
| 2.4 CITY-ST-ZIP    | ANDERSONVILLE, TN 37059 |  |
| 3.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                         |  |
| 3.3 STREET ADDRESS |                         |  |
| 3.4 CITY-ST-ZIP    |                         |  |
| 4.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                         |  |
| 4.3 STREET ADDRESS |                         |  |
| 4.4 CITY-ST-ZIP    |                         |  |
| 5.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                         |  |
| 5.3 STREET ADDRESS |                         |  |
| 5.4 CITY-ST-ZIP    |                         |  |
| 6.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                         |  |
| 6.3 STREET ADDRESS |                         |  |
| 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, with all other like empowered.

SIGNATURE: George W Williams **REQUIRED** 1/27/99 225 275 0575  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)