

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90353 047 \*\*\*\*61.25

**DOCUMENT # 759904**

1. Entity Name

**SANDCASTLES BY THE SEA TOWNHOMES OWNERS' ASSOCIA**

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

4. FEI Number

**59-2824282**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WADE, MARVIN**  
 191 BLUE MOUNTAIN ROAD  
 #201-BOX #1  
 SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name **DONNA DIEBOLT #**  
 Street Address (P.O. Box Number is Not Acceptable)  
**191 BLUE MOUNTAIN RD 402**  
 City **SANTA ROSA BCH, FL** Zip Code **32459**

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.

SIGNATURE Donna Diebolt

*Donna Diebolt*

APRIL 25, 2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | <b>P</b>                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>WADE, MARVIN</b>               |  |
| STREET ADDRESS | <b>191 BLUE MOUNTAIN RD</b>       |  |
| CITY-ST-ZIP    | <b>SANTA ROSA BEACH FL 32459</b>  |  |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>ISAACS, RAMON</b>              |  |
| STREET ADDRESS | <b>184 GULL LANE</b>              |  |
| CITY-ST-ZIP    | <b>COTTON TOWN TN 37048</b>       |  |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>DIEBOLT, DONNA</b>             |  |
| STREET ADDRESS | <b>191 BLUE MOUNTAIN RD, #402</b> |  |
| CITY-ST-ZIP    | <b>SANTA ROSA BEACH FL 32459</b>  |  |
| TITLE          | <b>ST</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>WILLIAMS, GEORGE W</b>         |  |
| STREET ADDRESS | <b>775 DONCASTER DR</b>           |  |
| CITY-ST-ZIP    | <b>BATON ROUGE LA 78815</b>       |  |
| TITLE          | <b>D</b>                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <del><b>DINBANN, GARY</b></del>   |  |
| STREET ADDRESS | <b>191 BLUE MOUNTAIN RD</b>       |  |
| CITY-ST-ZIP    | <b>SANTA ROSA BEACH FL 32459</b>  |  |
| TITLE          |                                   | <input type="checkbox"/> Delete            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | <b>PRESIDENT</b>                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>DARYL FINKER</b>             |  |
| STREET ADDRESS | <b>820 LITTLEFIELD ST</b>       |  |
| CITY-ST-ZIP    | <b>JESUP, GA 31546</b>          |  |
| TITLE          | <del><b>MARY C F</b></del>      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MARY C. BAILEY</b>           |  |
| STREET ADDRESS | <b>191 BLUE MOUNTAIN RD</b>     |  |
| CITY-ST-ZIP    | <b>SANTA ROSA BCH, FL 32459</b> |  |
| 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 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 St. Williams*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01  
 Date

225 275 0575  
 Daytime Phone #

CR2E037 (10/00)