

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91616 011 \*\*\*\*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  
 UNIT 201-BOX #1  
 SANTA ROSA BEACH FL 32459  
 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIEBOLT, DONNA**  
**191 BLUE MOUNTAIN ROAD**  
**#402**  
**SANTA ROSA BEACH FL 32459**

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME  Delete  
**P FINERAN, DARYL**  
 STREET ADDRESS **820 LITTLEFIELD ST**  
 CITY-ST-ZIP **JESUP GA 31546**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**D ISAACS, RAMON**  
 STREET ADDRESS **184 GULL LANE**  
 CITY-ST-ZIP **COTTON TOWN-TN 37048**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**D DIEBOLT, DONNA**  
 STREET ADDRESS **191 BLUE MOUNTAIN RD, #402**  
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**ST WILLIAMS, GEORGE W**  
 STREET ADDRESS **775 DONCASTER DR**  
 CITY-ST-ZIP **BATON ROUGE LA 78815**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**D BAILEY, MARY C**  
 STREET ADDRESS **191 BLUE MOUNTAIN RD**  
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/02** **225 275 0575**  
 Date Daytime Phone #

CR2E037 (9/01)