

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725866 (8)

1. Corporation Name

SANDY COVE 3 ASSOCIATION, INC.



Principal Place of Business: 1801 GLENGARY STREET SARASOTA FL 34231-0606
Mailing Address: 1801 GLENGARY STREET SARASOTA FL 34231-0606

3. Date Incorporated or Qualified 03/20/1973	3a. Date of Last Report 04/13/1995
4. FEI Number 59-1706447	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CONDOMINIUM MANAGEMENT, INC 1801 GLENGARY STREET SARASOTA, FL SARASOTA FL 34231-0603		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINDLAY, THALIA T	1.2 NAME	
STREET ADDRESS	217 PASS KEY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELBRECHT, GLEN	2.2 NAME	
STREET ADDRESS	219 PASS KEY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, MARK S	3.2 NAME	S/T/D
STREET ADDRESS	122 PASS KEY RD	3.3 STREET ADDRESS	Patrick Johnson
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	116 Pass Key Road
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, VALERIE	4.2 NAME	
STREET ADDRESS	220 PASS KEY RD	4.3 STREET ADDRESS	700001776207
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	-04/11/96--01023--015
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOROWITZ, KATHY	5.2 NAME	***61.25
STREET ADDRESS	201 SAYRE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, PAUL R JR	6.2 NAME	
STREET ADDRESS	1801 GLENGARY ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Paul R. Clark Jr Date: 3/21/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (941) 921-5393
 Daytime Phone #

CR2E037 (12/95)