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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34231-3603**

3. Date Incorporated or Qualified **03/20/1973** 3a. Date of Last Report **04/10/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
59-1706447

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CONDOMINIUM MANAGEMENT, INC
1801 GLENGARY STREET
SARASOTA, FL
SARASOTA FL 34231-0603**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FINDLAY, THALIA T	
STREET ADDRESS	217 PASS KEY RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ENGELBRECHT, GLEN	
STREET ADDRESS	219 PASS KEY RD	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, PATRICK	
STREET ADDRESS	116 PASS KEY RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, VALERIE	
STREET ADDRESS	220 PASS KEY RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOROWITZ, KATHY	
STREET ADDRESS	201 SAYRE DR	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	CLARK, PAUL R JR	
STREET ADDRESS	1801 GLENGARY ST	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

SEE ATTACHED

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

P. Richard Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **941-921-5393**

CR2E037 (9/96)

SC3**Sandy Cove 3 Association, Inc.**

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Manager Raj

*Local Address*Date Printed: 3/4/97
Alternate Address

P/D

Mr. Craig Holliday

Mr. Craig Holliday
P.O. Box 31606
Sarasota, FL 34278

V/D

Mrs. Thalia T. Findlay
217 Pass Key Road
Sarasota, FL 34242

T/D

Ms. Yve Laudy

Ms. Yve Laudy
Bays Bluff #206
1100 Imperial Drive
Sarasota, FL 34236

D

Ms. Kathy C. Horowitz
3831 Sumo Noveno
Tuscon AZ 85718

AS

Mr. P. Richard Clark

AT

Mr. Paul R. Clark

Jr.

Jr.