

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725866

1. Entity Name

SANDY COVE 3 ASSOCIATION, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90005 044 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O ARGUS PROPERTY MGMT P.O. BOX 25065 SARASOTA FL 34277 US	Mailing Address C/O ORANGES PROPERTY MGMT P.O. BOX 25065 SARASOTA FL 34277-2065 US
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2. Principal Place of Business	3. Mailing Address C/O ARGUS PROPERTY MGMT.
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO BOX 25065
City & State SARASOTA FL	City & State SARASOTA FL
Zip 34277	Country SARASOTA

4. FEI Number 59-1706447	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARGUS PROPERTY MANAGEMENT INC. 1200 SIESTA BAYSIDE DRIVE SARASOTA FL 34242	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 Paul Davis - Managing agent DATE 4/11/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOBZUM, REBECCA 221 PASS KEY ROAD SARASOTA FL 34242	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MENDES, MANUELA 118 PASS KEY ROAD SARASOTA FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ENGELBRECHT, CHERYL A 219 PASS KEY ROAD SARASOTA FL 34242	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAXYJANE, ESHELMAN 119 PASS KEY ROAD SARASOTA FL 34242	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARYJANE ESHELMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARRO, EDUARDO M 217 PASS KEY ROAD SARASOTA FL 34242	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATRICK JOHNSON 216 PASS KEY ROAD SARASOTA FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MaryJane Eshelman DATE 4-11-2000 DAYTIME PHONE # 346-2836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)