

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90360 001 ****61.25

DOCUMENT # 725866

1. Entity Name

SANDY COVE 3 ASSOCIATION, INC.

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARGUS PROPERTY MANAGEMENT INC.
1200 SIESTA BAYSIDE DRIVE
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name **ARGUS PROPERTY MANAGEMENT**
Street Address (P.O., Box Number is Not Acceptable) **2477 STICKNEY POINT ROAD STE 118A**
City **SARASOTA** FL Zip Code **34231**

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 DANE Paul Dane Managing Agent** 3/7/01
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	TD	<input checked="" type="checkbox"/> Delete
NAME	MANUGLA, MENDES	
STREET ADDRESS	118 PASS KEY RD.	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGELBRECHT, CHERYL A	
STREET ADDRESS	219 PASS KEY ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ESHELMAN, MARY JANE	
STREET ADDRESS	119 PASS KEY ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARRO, EDUARDO M	
STREET ADDRESS	217 PASS KEY ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, PATRICK	
STREET ADDRESS	746 PASS KEY RD.	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MCALLISTER JOAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCALLISTER JOAN	
STREET ADDRESS	218 PASS KEY ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<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		
TITLE	PD	<input checked="" 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: **Paul Dane** 4/5/01
Signature, typed or printed name of signing officer or director Date

CR2E037 (10/00)