


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**ACCOUNT** 03, 2008 08:00 A  
**Secretary of State**

**DOCUMENT # 725866**  
 1. Entity Name  
**SANDY COVE 3 ASSOCIATION, INC.**



Pay \$ 61.25

Principal Place of Business      Mailing Address  
 2477 STICKNEY POINT RD. #118A      2477 STICKNEY POINT RD. #118A  
 SARASOTA FL 34231      SARASOTA FL 34231  
 US      US



1st MOORE      CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1706447**      Not Applicable

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

6. Name and Address of Current Registered Agent

**ARGUS PROPERTY MANAGEMENT INC.**  
**2477 STICKNEY POINT ROAD, SUITE 118A**  
**SARASOTA FL 34231**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE *Randy Shaw*      DATE 2/10/08

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBZUN, REBECCA <input type="checkbox"/> Delete 221 PASS KEY RD SARASOTA FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUFF, JUDY <input type="checkbox"/> Delete 116 PASS KEY ROAD SARASOTA FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENGELBRECHT, GLEN <input type="checkbox"/> Delete 229 PASSKEY RD SARASOTA FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, PATRICK <input type="checkbox"/> Delete 216 PASS KEY ROAD SARASOTA FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENDES, MANVELLA <input type="checkbox"/> Delete 118 PASS KEY RD SARASOTA FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Pat Johnson*      *2/10/08*