2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#725866

Apr 13, 2009 Secretary of State

Entity Name: SANDY COVE 3 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2477 STICKNEY POINT RD. #118A SARASOTA, FL 34231

Current Mailing Address: New Mailing Address:

2477 STICKNEY POINT RD. #118A SARASOTA, FL 34231 US

OFFICERS AND DIRECTORS:

FEI Number: 59-1706447 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

LOBZUN, REBECCA LOBZUN, REBECCA Name: Name: 221 PASS KEY RD Address: 221 PASS KEY RD Address: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34242 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

MEUSCHKE, JOHN RUFF, JUDY Name: Name: Address: 116 PASS KEY ROAD Address: 9031 WILDLIFE LOOP City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34238

Title: () Delete Title: (X) Change () Addition

ENGELBRECHT, GLEN ENGELBRECHT, GLEN Name: Name: Address: 229 PASSKEY RD Address: 229 PASS KEY RD City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34242

Title: () Delete Title: () Change () Addition

Name: JOHNSON, PATRICK Name: Address: 216 PASS KEY ROAD Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

MENDES, MANVELLA HULVAT, ROBERT Name: Name: 4615 DEER TRAIL BLVD 118 PASS KEY RD Address: Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK JOHNSON **PRES** 04/13/2009