

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **726039** (1)

1. Corporation Name  
**SANDAL COVE ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**552 MAIN STREET SAFETY HARBOR FL 34695**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/07/1973** 3a. Date of Last Report **02/18/1994**  
4. FEI Number **59-1703750** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **Seaboard Arbores Mgt** 26 **Seaboard Arbores Mgt**  
Suits, Apt., #, etc. Suits, Apt., #, etc.  
22 **1700 McNullen Booth Rd** 27 **1700 McNullen Booth Rd, Ste C-3**  
City & State City & State  
23 **Clearwater, Florida** 28 **Clearwater, Florida**  
Zip Country Zip Country  
24 **34619** 25 **USA** 29 **34619** 30 **USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**MEZER, STEVEN H  
1212 COURT ST, SUITE B  
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name **Heighton, Bernard A.**  
82 Street Address (P.O. Box Number is Not Acceptable) **1700 Seaboard Arbores Management**  
83 **1700 McNullen Booth Rd, Ste C-3**  
84 City **Clearwater** 85 Zip Code **FL 34619**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed (current registered agent and only if applicable)

(NOTE: Registered Agent signature required when substituting)

DATE

*Steven Mezer*  
4/24/95

12. OFFICERS AND DIRECTORS	
TITLE	<b>TD</b>
NAME	<b>BAKER, BILL</b>
STREET ADDRESS	<b>1005 BAYSHORE DR S #203</b>
CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>
TITLE	<b>P</b>
NAME	<b>MCCLOSKEY, EDWARD</b>
STREET ADDRESS	<b>1005 BAYSHORE DR S #201</b>
CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>
TITLE	<b>VD</b>
NAME	<b>FETELSON, LEON</b>
STREET ADDRESS	<b>1003 BAYSHORE DR S 106</b>
CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>
TITLE	<b>D</b>
NAME	<b>FLYNN, FRED A.</b>
STREET ADDRESS	<b>19 LAKE SHORE DR</b>
CITY - ST - ZIP	<b>PALM HARBOR FL</b>
TITLE	<b>S</b>
NAME	<b>KLETZEL, HYMAN</b>
STREET ADDRESS	<b>1005 BAYSHORE DR S #206</b>
CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>F/D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Schriber, Donald</b>
1.3 STREET ADDRESS	<b>1003 Bayshore Blvd S, # 206</b>
1.4 CITY - ST - ZIP	<b>Safety Harbor, FL 34695</b>
2.1 TITLE	<b>PO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>GUBOV, Evonne</b>
2.3 STREET ADDRESS	<b>1001 Bayshore Blvd, # 204.</b>
2.4 CITY - ST - ZIP	<b>Safety Harbor, FL 34695</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Delete</b>
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<b>VPID</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Flynn, Freda.</b>
4.3 STREET ADDRESS	<b>3025 Prestige</b>
4.4 CITY - ST - ZIP	<b>Clearwater, FL 34619</b>
5.1 TITLE	<b>SID</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VAN HORN, Norelyn.</b>
5.3 STREET ADDRESS	<b>1001 Bayshore Blvd, S #103</b>
5.4 CITY - ST - ZIP	<b>Safety Harbor, FL 34695</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>President</b>
6.3 STREET ADDRESS	<b>1001 3 Bayshore 204</b>
6.4 CITY - ST - ZIP	<b>Safety Harbor 34695</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information 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 13 if changed or on an attachment with an address.

SIGNATURE

*Evonne J. Gubov*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**EVONNE J. GUBOV**

4/24/95

626-0999