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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 726039 (1)
1. Corporation Name
SANDAL COVE ASSOCIATION, INC.



Principal Place of Business: % SEABOARD ARBORS MGT, 1700 MCMULLEN BOOTH RD. STE C30, CLEARWATER FL 34619 US
Mailing Address: % SEABOARD ARBORS MGT, 1700 MCMULLEN BOOTH RD. STE C3, CLEARWATER FL 34619-2129 US

3. Date incorporated or Qualified: 04/07/1973
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-1703750
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent
LEIGHTON, LENNARD A.
% SEABOARD ARBORS MGMT
1700 MCMULLEN BOOTH RD, STE C3C
CLEARWATER FL 34619

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City, 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	STEVENS, JOE	1.1 TITLE:	
STREET ADDRESS: 1005 BAYSHORE BLVD S. #205		1.2 NAME:	
CITY-ST-ZIP: SAFETY HARBOR FL		1.3 STREET ADDRESS:	
TITLE: PD	GUBOR, GVONNE	1.4 CITY-ST-ZIP:	
STREET ADDRESS: 1001 BAYSHORE BLVD #204		2.1 TITLE: PD	Jim Sniadach
CITY-ST-ZIP: SAFETY HARBOR FL		2.2 NAME:	1005 Bayshore Blvd. #108
TITLE: SD	VAN HORN, MERELYN	2.3 STREET ADDRESS:	Safety Harbor, FL
STREET ADDRESS: 1001 BAYSHORE BLVD #103		2.4 CITY-ST-ZIP:	
CITY-ST-ZIP: SAFETY HARBOR FL		3.1 TITLE: D	Germaine Schwenk
TITLE: D	GILLINGS, PETER	3.2 NAME:	1003 Bayshore Blvd. #206
STREET ADDRESS: 1003 BAYSHORE BLVD. S. #105		3.3 STREET ADDRESS:	Safety Harbor, FL
CITY-ST-ZIP: SAFETY HARBOR FL		3.4 CITY-ST-ZIP:	
TITLE: TD	ALEXANDERSON, KEN	4.1 TITLE:	Bill Collins
STREET ADDRESS: 1003 BAYSHORE BLVD. S. #201		4.2 NAME: D	1005 Bayshore Blvd. #201
CITY-ST-ZIP: SAFETY HARBOR FL		4.3 STREET ADDRESS:	Safety Harbor, FL
TITLE:		4.4 CITY-ST-ZIP:	
NAME:		5.1 TITLE:	
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
TITLE:		5.4 CITY-ST-ZIP:	
NAME:		6.1 TITLE:	
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
TITLE:		6.4 CITY-ST-ZIP:	

14. I do 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 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* DATE: 3/12/97

CR2E037 (9/96)