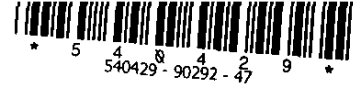


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90292 047 ****61.25



NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



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

Principal Place of Business: 3438 East Lake Rd. #22 Palm Harbor, FL 34685
 Mailing Address: 3438 East Lake Rd. #22 Palm Harbor, FL 34685

21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number	Applied For
22	City & State	27	City & State		59-1703750	Not Applicable
23	Zip	28	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30	Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
William J. Nasser 2697B Sunset Point Rd. Clearwater, FL 33759		81	Name James M. Nolan
		82	Street Address (P.O. Box Number is Not Acceptable) 3438 East Lake Rd. #22
		83	
		84	City Palm Harbor FL 85 Zip Code 34685

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 *James M. Nolan* DATE *4/28/99*

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Hileman	1.2 NAME	
STREET ADDRESS	1001 Bayshore Blvd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Safety Harbor, FL 34695	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Germaine Schwenk	2.2 NAME	
STREET ADDRESS	1003 Bayshore Blvd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Safety Harbor, FL 34695	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond Brodt	3.2 NAME	
STREET ADDRESS	1001 Bayshore Blvd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Safety Harbor, FL 34695	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Katherine Sowers	4.2 NAME	
STREET ADDRESS	1005 Bayshore Blvd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Safety Harbor, FL 34695	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Collier	5.2 NAME	
STREET ADDRESS	1005 Bayshore Blvd.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Safety Harbor, FL 34695	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Germaine Schwenk, V.P.* DATE: *4-28-99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727 785 8887