

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90202 010 \*\*\*\*61.25

**DOCUMENT # 726039**

1. Entity Name

**SANDAL COVE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3438 EAST LAKE RD  
 #22  
 PALM HARBOR FL 34685  
 US**

**3438 EAST LAKE RD  
 #22  
 PALM HARBOR FL 34685-2413  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3440 EAST LAKE RD**

3. Mailing Address  
**EAST LAKE RD**

Suite, Apt. #, etc.  
**SUITE 106**

Suite, Apt. #, etc.  
**SUITE 106**

City & State  
**PALM HARBOR FL**

City & State  
**PALM HARBOR FL**

4. FEI Number  
**59-1703750**

Applied For  
 Not Applicable

Zip  
**34685**

Country  
**PINELLAS**

Zip  
**34685**

Country  
**PINELLAS**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**NOLAN, JAMES M  
 3438 EAST LAKE RD  
 #22  
 PALM HARBOR FL 34685**

Name  
**JAMES M NOLAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3440 EAST LAKE RD**  
**SUITE 106**  
 City **PALM HARBOR FL** **FL** Zip Code **34685**

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.

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

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HILEMAN, DONALD 1001 BAYSHORE BLVD SAFETY HARBOR FL 34695</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SCHWENK, GERMAINE 1003 BAYSHORE BLVD SAFETY HARBOR FL 34695</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BRODT, RAYMOND 1001 BAYSHORE BLVD SAFETY HARBOR FL 34695</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SOWERS, KATHERINE 1005 BAYSHORE BLVD SAFETY HARBOR FL 34695</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COLLIER, ROBERT 1005 BAYSHORE BLVD SAFETY HARBOR FL 34695</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Horne, Larry 1003 Bayshore Blvd. S. #103 Safety Harboe, FL 34695</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Strauss, Katherine 1005 Bayshore Blvd. S. #104 Clearwater, FL 34695</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:** *[Signature]* **SIGNATURE REQUIRED**

Date: **4-27-00** Daytime Phone #: **727-85-8887**

CR2E037 (9/99)