

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED  
Apr 17, 1998 8:00 am  
Secretary of State

DOCUMENT # 726039 (1)

1. Corporation Name  
SANDAL COVE ASSOCIATION, INC.



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

3. Date Incorporated or Qualified  
04/07/1973  
4. FEI Number  
59-1703750  
Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 CAN Prop. MGMT. INC. 26 CAN Prop. MGMT. INC.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 2697-B Sunset Pt. Rd. 27 2697-B Sunset Pt. Rd.  
City & State City & State  
23 Clearwater, FL 28 Clearwater, FL  
Zip Country Zip Country  
24 33759 25 33759 29 33759 30

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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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  
NASSER, WILLIAM J.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2697-B SUNSET POINT ROAD  
83  
84 City  
CLEARWATER, FL 85 Zip Code  
33759

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 *William J. Nasser* DATE 4/13/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEVENS, JOE	
STREET ADDRESS	1005 BAYSHORE BLVD S. #205	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SNIADACH, JIM	
STREET ADDRESS	1005 BAYSHORE BLVD 108	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWENK, GERMAINE	
STREET ADDRESS	1003 BAYSHORE BLVD 206	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GILLINGS, PETER	
STREET ADDRESS	1003 BAYSHORE BLVD. S. #105	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, BILL	
STREET ADDRESS	1005 BAYSHORE BLVD 201	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREAS. TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALEXANDERSON, KEN	
1.3 STREET ADDRESS	1003 BAYSHORE BLVD. S. #201	
1.4 CITY-ST-ZIP	SAFETY HARBOR FL	
2.1 TITLE	DIRECTOR D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALEXANDERSON, ARLENE	
2.3 STREET ADDRESS	1003 BAYSHORE BLVD S. #201	
2.4 CITY-ST-ZIP	SAFETY HARBOR FL	
3.1 TITLE	DIRECTOR D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HILEMAN, DON	
3.3 STREET ADDRESS	1001 BAYSHORE BLVD, S # 205	
3.4 CITY-ST-ZIP	SAFETY HARBOR FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 19.07(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, on an attachment with an address.

SIGNATURE: *William J. Nasser* DATE APR 17 1998 799-0079  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)