

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 15, 2002 8:00 am
Secretary of State

05-15-2002 90096 008 ****61.25

DOCUMENT # 726039

1. Entity Name

SANDAL COVE ASSOCIATION, INC.

Principal Place of Business

3440 E LAKE RD
STE 106
PALM HARBOR FL 34685
US

Mailing Address

3440 E LAKE RD
STE 106
PALM HARBOR FL 34685
US

2. Principal Place of Business

4151 Woodlands Parkway

Suite, Apt. #, etc.

3. Mailing Address

4151 Woodlands Parkway

Suite, Apt. #, etc.

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

NOLAN, JAMES M
3440 EAST LAKE RD
STE 106
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name

Maureen C. Reardon

Street Address (P.O. Box Number is Not Acceptable)

4151 Woodlands Parkway

City

Palm Harbor

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	PTD	☒ Delete
NAME	HINES, MICHELLE	
STREET ADDRESS	1005 BAYSHORE BLVD STE.#205	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VD	☐ Delete
NAME	SCHWENK, GERMAINE	
STREET ADDRESS	1003 BAYSHORE BLVD	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VP	☒ Delete
NAME	MOSELEY, WILLIAM	
STREET ADDRESS	1005 BAYSHORE BLVD	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	D	☒ Delete
NAME	HORNE, LARRY	
STREET ADDRESS	1003 BAYSHORE BLVD S #103	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	D	☒ Delete
NAME	SOWERS, CARL	
STREET ADDRESS	1005 BAYSHORE BLVD STE.#104	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	D	☒ Delete
NAME	ALEXANDERSON, KEN	
STREET ADDRESS	1003 BAYSHORE BLVD STE.#201	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☐ Addition
NAME	Campbell, Patty	
STREET ADDRESS	3000 St. Croix Dr.	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	SD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	☐ Change ☐ Addition
NAME	Crescente, Sofia	
STREET ADDRESS	1001 Bayshore Blvd. S. #202	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	TD	☐ Change ☐ Addition
NAME	Ray Brodt	
STREET ADDRESS	1001 Bayshore Blvd. S. #208	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	D	☐ Change ☐ Addition
NAME	Wetzel, Sue	
STREET ADDRESS	1001 Bayshore Blvd. S. #104	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	D	☐ Change ☐ Addition
NAME	Hileman, Gene	
STREET ADDRESS	1001 Bayshore Blvd. S. #205	
CITY-ST-ZIP	Safety Harbor, FL 34695	

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:

Patty Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

Daytime Phone #

CR2E037 (9/01)

Attachment
726039
789543

D- Gubov, Bonnie
1003 Bayshore Blvd. S. #108
Safety Harbor, FL 34695