

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726039

FILED
Mar 16, 2009
Secretary of State

Entity Name: SANDAL COVE ASSOCIATION, INC.

Current Principal Place of Business:

4151 WOODLANDS PKWY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PKWY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-1703750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PKWY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PURCELL, JOHN
Address: 1005 BAYSHORE BLVD S. #205
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VPD () Delete
Name: MARCANTHONY, JOE
Address: 1003 BAYSHORE BLVD. S. #104
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD () Delete
Name: HILEMAN, GENE
Address: 1001 BAYSHORE BLVD S. #205
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD () Delete
Name: MILLER, ROBIN
Address: 1003 BAYSHORE BLVD S. #108
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: MONT, GEORGE
Address: 1005 BAYSHORE BLVD S. #106
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: MOSELEY, BILL
Address: 1005 BAYSHORE BLVD S. #203
City-St-Zip: SAFETY HARBOR, FL 34695

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCCARTY, SHARON
Address: 1005 BAYSHORE BLVD S. #105
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PURCELL

Electronic Signature of Signing Officer or Director

PRES

03/16/2009

Date