

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAR -2 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **738755** (8)

1. Corporation Name

**SANDAL COVE CONDOMINIUM II ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O HARBOUR MANAGEMENT  
552 MAIN STREET  
SAFETY HARBOR FL 34695

C/O HARBOUR MANAGEMENT  
552 MAIN STREET  
SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/20/1977

03/01/1994

4. FEI Number

59-1801275

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEZER, STEVEN H. P  
1212 COURT ST.  
SUITE B  
CLEARWATER FL 34616

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T
NAME	MUNYER, HARRY-
STREET ADDRESS	1007 BAYSHORE DR S #101
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	SD
NAME	LINCOLN, MARILYN
STREET ADDRESS	1009 BAYSHORE DR S #204
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	D
NAME	BURROW, GWEN
STREET ADDRESS	1007 BAYSHORE DR SO 204
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	W-T
NAME	PLAAG, WALTER
STREET ADDRESS	1007 BAYSHORE DR., SUITE 108
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	P
NAME	HILLSAMAR, MARK
STREET ADDRESS	1009 BAYSHORE DR SO 103
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RUDOLPH ONSTAD	
1.3 STREET ADDRESS	1009 BAYSHORE DR. S. #106	
1.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T/D	<input checked="" 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

*Walter Plaag*

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

WALTER PLAAG

2-1-95

1-813-228-4883

Date

Telephone/Fax #