

FILE NOW: FILING FEE IS \$61.25

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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 738755 (8)  
1. Corporation Name  
SANDAL COVE CONDOMINIUM II ASSOCIATION, INC.

*Please Cut Check Today*



Principal Place of Business Mailing Address  
C/O HARBOUR MANAGEMENT  
552 MAIN STREET  
SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified 04/20/1977  
3a. Date of Last Report 02/08/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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

9. Name and Address of Current Registered Agent  
MEZER, STEVEN H. P  
1212 COURT ST.  
SUITE B  
CLEARWATER FL 34616

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ONSTAD, RUDOLPH	
STREET ADDRESS	1009 BAYSHORE DR., S. #108	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LINCOLN, MARILYN	
STREET ADDRESS	1009 BAYSHORE DRIVE SOUTH, # 204	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEARNS, PAT	
STREET ADDRESS	1007 BAYSHORE DRIVE SOUTH	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOGAN, JANE	
STREET ADDRESS	1009 BAYSHORE DRIVE SOUTH, # 202	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HILLSAMAR, MARK	
STREET ADDRESS	1009 BAYSHORE DR SO 103	
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	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RUDOLPH ONSTAD	
1.3 STREET ADDRESS	P.O. Box 666	
1.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695 N/A	
2.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARK HILLSAMAR	
2.3 STREET ADDRESS	1009 BAYSHORE DR. S. #102	
2.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HARRY MUNYER	
3.3 STREET ADDRESS	1007 BAYSHORE DR. S. #101	
3.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JANE HOGAN	
4.3 STREET ADDRESS	1009 BAYSHORE DR. S. #202	
4.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WALTER PLAA	
5.3 STREET ADDRESS	5010 CAUSEWAY BLVD.	
5.4 CITY-ST-ZIP	TAMPA, FL 33619	
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 does not qualify for the exemption stated in Section 119.07(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, or on an attachment with an address.

SIGNATURE: *Mark Hillsamar* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **HILLSAMAR, MARK** 1-20-97 813-725-1440  
Daytime Phone # 0069237

CR2E037 (9/96)