

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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.



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

3. Date Incorporated or Qualified 04/20/1977		
4. FEI Number 59-1801275	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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	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	ND President	<input type="checkbox"/> DELETE
NAME	ONSTAD, RUDOLPH	
STREET ADDRESS	P O BOX 566 N/A	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HILLSAMAR, MARK	
STREET ADDRESS	1009 BAYSHORE DR S #103	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MUNYER, HARRY	
STREET ADDRESS	1007 BAYSHORE DR S #101	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOGAN, JANE	
STREET ADDRESS	1009 BAYSHORE DR S #202	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PLAAG, WALTER	
STREET ADDRESS	5010 CAUSEWAY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	TD Harry J Munyer
3.3 STREET ADDRESS	1007 Bayshore Dr S #101
3.4 CITY-ST-ZIP	Safety Harbor FL 34695
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Marilyn Lincoln
4.3 STREET ADDRESS	1009 Bayshore Dr S #202
4.4 CITY-ST-ZIP	Safety Harbor, FL 34695
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SD Lorraine De Pro
5.3 STREET ADDRESS	1009 Bayshore Dr S #103
5.4 CITY-ST-ZIP	Safety Harbor, FL 34695
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 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: *[Signature]* 3/16/98

CR2E037 (10/97)