

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90010 049 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 738755 ✓OK

1. Corporation Name  
 SANDAL COVE CONDOMINIUM II ASSOCIATION INC

Principal Place of Business Mailing Address

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2180 W SR 434	26 2180 W SR 434	04/20/77
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 STE 5000	27 STE 5000	59-1801275
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23 LONGWOOD FL	28 LONGWOOD FL	<b>\$8.75</b> Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24 32779 25 US	29 32779 30 US	<b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name HART, JAMES W JR
	82 Street Address (P.O. Box Number is Not Acceptable) SENTRY MANAGEMENT INC
	83 2180 W SR 434 STE 5000
	84 City LONGWOOD FL 85 Zip Code 32779

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: *[Signature]* DATE: 4/28/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONSTAD, RUDOLPH	1.2 NAME	Lincoln, Marilyn
STREET ADDRESS	PO BOX 566 N/A	1.3 STREET ADDRESS	1009 Bayshore Dr So 204
CITY-ST-ZIP	SAFETY HARBOR FL	1.4 CITY-ST-ZIP	Safety Harbor, FL 34695
TITLE	VDP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'EPIRO, LORRAINE	2.2 NAME	
STREET ADDRESS	1009 BAYSHORE DR SO 206	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINCOLN, MARY	3.2 NAME	
STREET ADDRESS	1009 BAYSHORE DR SO 204	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAAG, WALTER	4.2 NAME	
STREET ADDRESS	1009 BAYSHORE DR SO 108	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNS, PAT	5.2 NAME	
STREET ADDRESS	1007 BAYSHORE BLVD SO 201	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Marilyn Lincoln* DATE: 4-23-99 DAYTIME PHONE #: 727-7998982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN LINCOLN, SECRETARY

CR2E037 (1/98)