

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90112 014 \*\*\*\*61.25

**B0029786**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # 738755**

1. Entity Name  
**SANDAL COVE CONDOMINIUM II ASSOCIATION INC**

Principal Place of Business      Mailing Address  
**2180 W SR 434 STE 5000      2180 W SR 434 STE 5000**  
**LONGWOOD FL 32779              LONGWOOD FL 32779**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip      Country                      Zip      Country

4. FEI Number  
**59-1801275**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HART, JAMES W JR**  
**SENTRY MANAGEMENT INC**  
**2180 W SR 434 STE 5000**  
**LONGWOOD FL 32779**

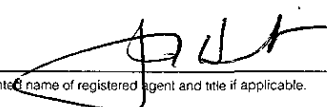
7. Name and Address of New Registered Agent

Name

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

City    **FL**      Zip Code

8. 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       **2/10/00**  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating.)      DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD D'EPIRO, LORRAINE 1009 BAYSHORE DR S #206 SAFETY HARBOR FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOGAN, JANE 1009 S BAYSHORE DR #202 SAFETY HARBOR FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PLAGG, WALTER 1009 BAYSHORE DR #108 SAFETY HARBOR FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LINCOLN, MARILYN 1009 BAYSHORE DR #204 SAFETY HARBOR FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEARNS, PAT 1007 BAYSHORE DR #201 SAFETY HARBOR FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

*James W. Hart*      2/10/00