

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

0090639

DOCUMENT # 738755

1. Entity Name

SANDAL COVE CONDOMINIUM II ASSOCIATION, INC.

04-04-2001 90117 023 ****61.25

Principal Place of Business

Mailing Address

2180 W SR 434
 STE 5000
 LONGWOOD FL 32779

2180 W SR 434
 STE 5000
 LONGWOOD FL 32779

00042428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1801275

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	ONSTAD, RUDOLPH	P O BOX 566 N/A	SAFETY HARBOR FL				
VD	D'EPIRO, LORRAINE	1009 BAYSHORE DR. SO. 206	SAFETY HARBOR FL 34695	P			
SD	LINCOLN, MARILYN	1009 BAYSHORE DR. SO. 204	SAFETY HARBOR FL 34695				
TD	PLAAG, WALTER	1009 BAYSHORE DR. SO. 108	SAFETY HARBOR FL 34695				
D	KEARNS, PAT	1007 BAYSHORE BLVD. SO. 201	SAFETY HARBOR FL 34695				
				VP	HOGAN, JANE	1009 S. BAYSHORE DR 202	SAFETY HARBOR FL 34695

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.

SIGNATURE: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/20/01** Daytime Phone #: **727-725-1142**

CR2E037 (10/00)