

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738755

FILED
Apr 08, 2008
Secretary of State

Entity Name: SANDAL COVE CONDOMINIUM II ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-1801275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: CIULLA, SANTO
Address: 1009 BAYSHORE BLVD #102
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD () Delete
Name: BAKER, MARILYN
Address: 1009 BAYSHORE DR. #204
City-St-Zip: SAFETY HARBOR, FL 34695

Title: PD () Delete
Name: PLAAG, WALTER
Address: 1009 BAYSHORE DR. #108
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD () Delete
Name: KEARNS, PAT
Address: 1007 BAYSHORE BLVD. #201
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: CHAMPINE, THOMAS
Address: 1009 BAYSHORE BLVD@105
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CHAMPINE, THOMAS
Address: 1009 BAYSHORE BLVD #105
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER PLAGG

PD

04/08/2008

Electronic Signature of Signing Officer or Director

_____ Date