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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **755305** (0)
1. Corporation Name
SANDY COVE CONDOMINIUM ASSOCIATION OF SEMINOLE, INC.

Principal Place of Business Mailing Address
**564 ORANGE DR. #36
ALTAMONTE SPRINGS FL 32701
US** **564 ORANGE DR. #36
ALTAMONTE SPRINGS FL 32701
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/26/1980** 3a. Date of Last Report **02/18/1994**

4. FEI Number **59-2050866** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes 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 29 Country 30 Country

9. Name and Address of Current Registered Agent
**GAUTHIER, PIERRE
% ADMIRAL MANAGEMENT, INC.
2180 W. SR. 434, SUITE 5000
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE

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

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MATTISON, ANNA
STREET ADDRESS	610 ORANGE DR. #187
CITY- ST- ZIP	ALTAMONTE SPRINGS FL
TITLE	AST
NAME	WERNER, EDWARD
STREET ADDRESS	620 ORANGE DR. #224
CITY- ST- ZIP	ALTAMONTE SPRINGS FL
TITLE	TD
NAME	KING, BRUCE
STREET ADDRESS	560 ORANGE DRIVE, 29
CITY- ST- ZIP	ALTAMONTE SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P. Bruce King
1.3 STREET ADDRESS	560 Orange Drive #29
1.4 CITY- ST- ZIP	Altamonte Springs, FL 32701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Banda
2.3 STREET ADDRESS	588 Orange Drive #129
2.4 CITY- ST- ZIP	Altamonte Springs, FL 32701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard Justice
3.3 STREET ADDRESS	584 Orange Drive #109
3.4 CITY- ST- ZIP	Altamonte Springs, FL 32701
4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Edward Werner
4.3 STREET ADDRESS	620 Orange Drive #224
4.4 CITY- ST- ZIP	Altamonte Springs, FL 32701
5.1 TITLE	AG/AT/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	William Kohsman
5.3 STREET ADDRESS	622 Orange Drive #234
5.4 CITY- ST- ZIP	Altamonte Springs, FL 32701
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 or both, or in an attachment with an address.

SIGNATURE: *[Signature]* **P. Bruce King** 407-260-9737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (System Name)