

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 755305 (0)

1. Corporation Name  
**SANDY COVE CONDOMINIUM ASSOCIATION OF SEMINOLE, INC.**



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

3. Date Incorporated or Qualified: 11/26/1980  
3a. Date of Last Report: 03/06/1995

2. Principal Place of Business: 21 Suite, Apt. #, etc. City & State: LONGWOOD FL Zip: 32779 Country: USA  
2a. Mailing Address: 2180 WEST SR 434 Suite, Apt. #, etc. 5000 City & State: LONGWOOD FL Zip: 32779 Country: USA

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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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: JAMES W HART JR  
82 Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT INC  
83 City & State: 2180 WEST SR 434 SUITE 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: 2/26/96  
Signatures, typed or printed name of registered agent and too 4 applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12? |  |
|----------------------------|--|--|--|
| TITLE                      | PD<br>KING, P. B                               | 1.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | 560 ORANGE DRIVE, #29<br>ALTAMONTE SPRINGS FL  | 1.2 NAME   |  |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP  |  |
| TITLE                      | VPD<br>BANDA, JOHN                             | 2.1 TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | 588 ORANGE DRIVE, #129<br>ALTAMONTE SPRINGS FL | 2.2 NAME   |  |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP  |  |
| TITLE                      | TD<br>JUSTICE, RICHARD                         | 3.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | 584 ORANGE DRIVE, #109<br>ALTAMONTE SPRINGS FL | 3.2 NAME   |  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP  |  |
| TITLE                      | SD<br>WERNER, EDWARD                           | 4.1 TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | 620 ORANGE DRIVE, #224<br>ALTAMONTE SPRINGS FL | 4.2 NAME   |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP  |  |
| TITLE                      | ASTD<br>KOHSMAN, WILLIAM                       | 5.1 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 622 ORANGE DRIVE #234<br>ALTAMONTE SPRINGS FL  | 5.2 NAME   |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP  |  |
| TITLE                      |  | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/25/96 DAYTIME PHONE #: 407-334-1705  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)