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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 755305

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: 2180 WEST SR 434, 5000, LONGWOOD FL 32779 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/26/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2050866	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HART, JAMES W JR. SENTRY MANAGEMENT INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNER, EDWARD A		1.2 NAME		
STREET ADDRESS	620 ORANGE DR SUITE 224		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		1.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASPOVIC, WILLIAM		2.2 NAME		
STREET ADDRESS	112 HICKORY TREE RD.		2.3 STREET ADDRESS	129 EASTERN FORK	
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABRIELE, JOACHIM J		3.2 NAME		
STREET ADDRESS	626 ORANGE DR SUITE 241		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		3.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUESADA, DAVID A		4.2 NAME		
STREET ADDRESS	2623 BRECCA CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, ALAN		5.2 NAME		
STREET ADDRESS	586 ORANGE DR SUITE 118		5.3 STREET ADDRESS	PO BOX 1664	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		5.4 CITY-ST-ZIP	APOPKA FL 32704	
TITLE		<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: SIGNATURE DATE: 3/15/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)