2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755305

1. Entity Name

SIGNATURE:

SANDY COVE CONDOMINIUM ASSOCIATION OF SEMINOLE,

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90142 048 ****61.25

Deire in al Die		Ad-W Add-			
Principal Place of Business 564 ORANGE DR. #36 ALTAMONTE SPRINGS FL 32701 US		Mailing Address 2145-WCF on WF E000 LONGWOOD-51-00370	SCHORMEDA AUTHMONTE S 32701	PESFL	:) 62821 82811 81811 1681
2. Principal Place of Business 3		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-2050866	Applied For
Zip	Country	Zip	Country	5 Certificate of Status Desired \$8.3	Not Applicable 75 Additional Required
6. Name and Address of Current		l l l l l l l l l l l l l l l l l l l		7. Name and Address of New Registered Agent	
Street Address (P.O. Box Number is Not Acceptable) SENTRY MANAGEMENT INC. 2190 WEST SP Act SUITE 5099 LONGWOOD FL 32770 City WINTER LACK FL Zip Code 332 92 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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: 9. Election Can FEE IS \$61.25 Trust Fund C			΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄	00 May Be Make Check Paya ded to Fees Department of S	
10.	OFFICERS AND DIRE	CTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WERNER, EDWARD A 568 ORANGE DR. APT. 46 ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	RICHARD LANGLOTZ	Thange Addition Sold State Salval
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KCHSMANN, WILLIAM 622 ORANGE DR. APT 234 ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANGLOTZ, RICHARD 626 ORANGE DR SUITE 241 ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edward A. Werney 568 Orange Dr. Apt 40 Alta Moute Sprgs Fl	hange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUESADA, DAVID A 1030 LAKE SIDE DR. APOPKA FL 32712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Kolls Mark □	Change Addition
TITLE NAME STREET ADDRESS ¹ CITY-ST-ZIP	SD Higgins, Alan P.O. Box 1664 Apopka Fl 32704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALLAN HIGGINS TO PO BOX 1664 APOPKA FL 3270	change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		change
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.					