

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90088 011 \*\*\*\*61.25

**DOCUMENT # 755305**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2050866**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASKEW, JEANNE F**  
**3041 NICHOLSON DR**  
**WINTER PARK FL 32792**

Name

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

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LANGLOTZ, RICHARD	
STREET ADDRESS	626 ORANGE DR APT 241	
CITY-ST-ZIP	ALTAMONTE SPRGS FL 32701	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KRUSE, FRANCINE J	
STREET ADDRESS	604 ORANGE DR APT 176	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WERNER, EDWARD A	
STREET ADDRESS	568 ORANGE DR APT 46	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOHSMANN, WILLIAM	
STREET ADDRESS	1030 LAKE SIDE DR.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HIGGINS, ALAN	
STREET ADDRESS	P.O. BOX 1664	
CITY-ST-ZIP	APOPKA FL 32704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Richard Langlotz* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*President 2/1/02 407-339-1705* **DATE** **DAYTIME PHONE #**

CR2E037 (9/01)